



### Internet Services Order Form Domain Name Registration Request (.CC)

This request for SelectNet services is bound by the **Terms and Conditions of Service**, the **Acceptable Use Policies**, and the **NIC.CC Domain Registration Agreement**, as posted on the SelectNet Web site (<http://www.select.net>) and modified from time to time.

<b>Services Ordered (New Domain Registrations ONLY)</b>
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Please enter your desired domain name(s) below (e.g. domain.cc):

**Domain Name:** \_\_\_\_\_ **Desired Term (1 – 10 yrs):** \_\_\_\_\_

- Park for future use       For new Web site at SelectNet (requires separate hosting agreement)  
 Pointer to existing Web site : \_\_\_\_\_ (additional fee applies if not hosted at SelectNet)

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- Park for future use       For new Web site at SelectNet (requires separate hosting agreement)  
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- Park for future use       For new Web site at SelectNet (requires separate hosting agreement)  
 Pointer to existing Web site : \_\_\_\_\_ (additional fee applies if not hosted at SelectNet)

<b>Service Fees</b>
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**Domain Name Registration:** Each domain name: \$39/year

**Park** services are provided at no charge.

**Domain Name Pointer** services are provided at no charge if pointing to an existing Web site hosted at SelectNet. If you would like your domain name pointed to a Web site **not** hosted at SelectNet, a charge of \$50/yr for each domain name will apply.



**Customer Information (This is the entity contracting with SelectNet for services)**

- I am an existing SelectNet Customer: **CustomerID (from your statement):** \_\_\_\_\_
- I am a new SelectNet customer. **Please complete the information below (new customers only):**

Organization \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Tech Contact Name: \_\_\_\_\_

Billing Contact Email: \_\_\_\_\_ Tech contact Email: \_\_\_\_\_

Billing Contact Phone: \_\_\_\_\_ Tech Contact Phone: \_\_\_\_\_

**Domain Management Profile**

SelectNet uses OpenSRS (Tucows, Inc.) as a domain name registrar. With OpenSRS, you have a Domain Management interface that you can access from SelectNet's Web site in the "Support" area (<http://www.select.net/support>).

**Domain Management Login ID:** \_\_\_\_\_ **Password:** \_\_\_\_\_

(Case sensitive) (Case sensitive)

**Do you want these new transfers to be added to an existing OpenSRS profile? If so, please indicate the domain name of the existing profile:** \_\_\_\_\_

**Domain Name Administrative Contact:**

First Name \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_



**Domain Name Billing Contact:**

Same as Administrative Contact above (no need to enter information below).

First Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Last Name \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Payment Method**

*Important Note: If paying by check, SelectNet must receive payment prior to initiating the Transfer of Registrar.*

Payment Type:  Visa  MasterCard  AMEX  Check  
 Card Number: \_\_\_\_\_ Expire Date \_\_\_\_ / \_\_\_\_  
 Name (as on card): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province:Zip: \_\_\_\_\_

I authorize **SelectNet Internet Services** to charge me as indicated above according to the services requested with this order form. I have read and agree to SelectNet's **Terms and Conditions of Service**, including all **Acceptable Use Policies**, and the **NIC .CC Domain Registration Agreement**, as posted on SelectNet's Web site (<http://www.select.net>) and modified from time to time. I understand that with this signature I bind myself to all legal agreements with SelectNet and the services they provide.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please fax this completed form to: **760-438-1954**

-- or --

**Mail to:** **SelectNet Internet Services**  
**2788 Loker Ave**  
**Carlsbad, CA 92008**