



Internet Services Order Form
Domain Name Registration Request
(.COM, .NET, .ORG)

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

Services Ordered (New Domain Registrations ONLY)

Please enter your desired domain name(s) below (e.g. domain.com):

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)

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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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)

Service Fees

Domain Name Registration: Each domain name: \$19/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 **Top Level (gTLD) 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**

You should be contacted by a SelectNet representative within two (2) working days of reception of this form. If you do not hear from a representative, you may call us to confirm the order at (760) 438-9555, or email us at [sales@select.net](mailto:sales@select.net). Your domain can not be requested for registration before payment is received.