



Internet Services Order Form SSL Certificate Registration Request

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

SSL Certificates

	Registration Period (Circle One)		
	<u>1 yr</u>	<u>2 yr</u>	<u>3 yr</u>
<input type="checkbox"/> QuickSSL	\$119	\$179	\$249
<input type="checkbox"/> QuickSSL Premium	\$149	\$219	\$289
<input type="checkbox"/> TrueBusiness ID *	\$149	\$219	\$289
<input type="checkbox"/> TrueBusiness ID Wildcard *	\$499	\$879	\$1249

* A copy of your company Registration Document (in order to verify your company name and ownership) is required for this certificate. GeoTrust will accept a copy of your Articles of Incorporation, Partnership Declaration, or Fictitious Business Name statement and Business License.

SSL Certificate Organizational Information (TrueBusiness ID Only):

Note: This information is required only for the TrueBusiness ID product!

Organization Legal Name: _____

DUNS Number: _____ (Optional)

Street Address 1: _____

Street Address 2: _____ (Optional)

Street Address 3: _____ (Optional)

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone (eg. +1.4165551122x1234): _____

Fax (eg. +1.4165551122x1234): _____



SSL Certificate Administrative Contact:

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

SSL Certificate 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	_____

SSL Certificate Technical Contact:

Same as Administrative Contact -or- Same as Billing Contact (if both are checked, Admin contact will be used)

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 registration for the certificate.*

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 **QuickSSL Subscriber Agreement or TrueBusiness ID Subscriber Agreement (as applicable)**, 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. Your SSL Certificate can not be requested for registration before payment is received.