



# New Customer Application Form



Please print, fill-out and fax this form to **(302) 691 4700**

Fill the form as shown [example] Please note that those fields names at left column, written in **bold letters** are required for the form to be processed. Other fields are optional. Thank you for choosing us. We will respond you in 24 hours by email or by fax.

Please note that our charges will appear as they are being from "UNIVERSERVE INC."

<p align="center"><u>Account Information</u></p> <p><b>Domain Name:</b> _____</p> <p><b>Domain Status:</b>  <input type="checkbox"/> Registered    <input type="checkbox"/> New Registration*</p> <p>Preferred Password : _____</p> <p><b>Account Type:</b>  <input type="checkbox"/> STANDARD (\$2/month)  <input type="checkbox"/> PREMIUM (\$5/month)  <input type="checkbox"/> Domain Registration Only (no monthly fees)</p> <p>Response Preference :  <input type="checkbox"/> by E-mail    <input type="checkbox"/> by Fax</p> <p>Additional Comments :  _____  _____  _____</p>	<p align="center">* New domain registrations for .com .net .org are at 15\$/year, others may vary.</p>
<p align="center"><u>Personal Information</u></p> <p><b>Name:</b> _____</p> <p><b>Surname:</b> _____</p> <p><b>Date of Birth(YYYY/MM/DD):</b> ____/____/____</p> <p><b>E-mail address :</b> _____</p> <p><b>Salutation :</b>  <input type="checkbox"/> Mr.    <input type="checkbox"/> Ms.    <input type="checkbox"/> Other/Prefer not to say</p> <p>Mobile phone : _____</p> <p>Nationality : _____</p> <p>Preferred Currency : _____</p>	

<p align="center"><u>Card Information</u></p> <p><b>Card Type :</b>  <input type="checkbox"/> VISA    <input type="checkbox"/> MasterCard    <input type="checkbox"/> AMEX    <input type="checkbox"/> Discover</p> <p><b>Card Number :</b>  _____ _____ _____ _____ </p> <p><b>Expire Date (MM/YYYY) :</b>  ____/____ </p> <p><b>CVN :</b>  _____ </p> <p>(3 or 4 digit verification number)</p> <p>Card Owner* (if not you) : _____</p>	<p align="center">* Please include card owner's address and phone as an additional address record if they are different from yours.</p>
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<u>Address Information</u>	
<b>Address type :</b>	<input type="checkbox"/> Home <input type="checkbox"/> Office/Business <input type="checkbox"/> Both
<b>Street/Road :</b>	_____
<b>City :</b>	_____
State :	_____
<b>Zip/Post Code :</b>	_____
<b>Country :</b>	_____
<b>Phone :</b>	_____
Fax :	_____
Organization :	_____
	_____
Organization contact person :	_____
Organization e-mail address :	_____
Organization tax id number :	_____

<u>Additional Address Information</u>	
Address type :	<input type="checkbox"/> Home <input type="checkbox"/> Office/Business <input type="checkbox"/> Both
Street/Road :	_____
City :	_____
State :	_____
Zip/Post Code :	_____
Country :	_____
Phone :	_____
Fax :	_____
Organization :	_____
	_____
Organization contact person :	_____
Organization e-mail address :	_____
Organization tax id number :	_____

<b>Date (YYYY/MM/DD) :</b>	___/___/___
<b>Print your name again :</b>	_____
<b>Signature :</b>	_____