

Web Hosting Services

Support Center

Suite 270 - 4611 Viking Way Richmond, B.C., V6V 2K9 Tel: (604) 606-7880

.025 per MB

Date:

Fax: (604) 606-7886 Tracking Number: **Packages** 9.95 / Month 24.95 / Month 49.95 / Month Lite Host **Pro Host** Global Host 14.95 / Setup 14.95 / Setup 14.95 / Setup 1 Gigabyte (GB) RAID storage space 5 Gigabytes (GB) RAID storage space 10 Gigabytes (GB) RAID storage space 10 email addresses 100 email addresses 200 email addresses 200 Gigabytes (GB) Traffic 500 Gigabytes (GB) Traffic **Unlimited Traffic** Website Statistics CGI, PHP, ASP, Frontpage Support CGI, PHP + MySQL or ASP + ODBC Website Statistics SSL Secure Certificate* Support Website Statistics **Contact Info** Two Month Free with a one year payment! First Name: Last Name: Legal Company Name: Address: Citry: Postal Code: Telephone #: Fax #: Virus Filtering Please sign me up for Virus and Spam filtering service. \$25 a month with no limit of email accounts. Protect yourself. Account Info □ New Domain Name - Domain Transfer Domain Name: www. Second Choice: www FTP Account:: FTP Password: Password Password: E-mail : Password: Password: 6 Password Password: Payment Info Mastercard Card Name: CVV: Card #: Expiry: Bank Branch #: Bank Pre-Authorized Debit (Please attach a void cheque) Account #: **Terms** I certify that all information provided on this form is true and correct. I certify that I am an authorized representative of the above stated organization. I certify that I have read Infinet's Acceptable Use policy (available online at (http://www.infinet.net/aup) and fully agree to comply with all clauses of their application. In the event of acceptance of this application, I hereby authorize Infinet Communications Group Inc. to proceed with procedures towards the creation of the requested service. I understand that any service I request will be automatically renewed each period unless otherwise stated. In the case of credit card or pre-authorized bank payments I authorize that Infinet Communications Group Inc. has the authority to debit my account in accordance with any outstanding account halance.

Office Use Only Store Referral Sales Person Confimation Requested:

Signature:

accordance with any outstanding account balance.

Name: