

Domain Name Registration Form

Please complete the following information and fax this form to LEAPLink 2.0 Web Services at **631.434.6941**. All submitted requests are date and time-stamped and processed on a first come basis. A client services representative may contact you to clarify this information or in the event that none of your requested selections are available.

If a selection is found, you hereby authorize us to pay for the domain name. You incur a \$100 charge in this event. This fee for processing a single domain name is included in your LEAPLink purchase. However, this amount will be deducted from any refund owed you if you cancel your LEAPLink order. If a domain name request is processed and an additional or a different domain name is requested at a later date, an additional \$100 charge will apply.

Registration with INTERNIC, the Internet service which manages domain names, requires the designation of an administrative, technical and billing contact. LEAP SYSTEMS will be specified as both technical and billing. This information may be transferred to another service provider at a later date in the event you do not move ahead with LEAPLink 2.0 Services.

Company Name: _____

Contact Name: _____

Address: _____

Phone: () _____

Fax: () _____

Email: _____

Signature: X _____

Provide your name choices below. Your first choice should be your exact name (as an example, www.johnbestmann.com). Try to keep it simple.

1: _____

2: _____

3: _____

4: _____

5: _____

Check here if you would like our representatives to try variations in the event none of your choices are found.