

DOMAIN NAME REGISTRATION & HOSTING APPLICATION FORM



ARACHNET
INTERNET SERVICE PROVIDER

Telephone: (08) 9249 3622
 Facsimile: (08) 9249 4446
 Address: PO Box 2165, MALAGA, WA 6944
 Email: accounts@arach.net.au
 Web: http://www.arach.net.au

COMPANY INFORMATION

These details will be used in processing your domain name hosting and in the registration of that domain where required.

company name: _____
 phone: _____
 fax: _____
 physical address: _____

 postal address: _____

 referred by: _____

REGISTRATION INFORMATION

For processing with most Top Level Registrars you need to provide either:
 1. ABN or ACN
 - OR -
 2. State Registered Business Name

Please note:
 If you are registering a new domain name ending with .au, the domain name must be directly derived from the legal Company, Business or Trading name you supply here.

For example:
 yourcompany would entitle you to...
 yourcompany.com.au or even yourco.com.au **but not** yourbiz.com.au

Registered Company/Trading Name:
 (If different from Company Name listed above.) _____
 ABN/ACN: _____
 Registered Business Name: _____
 Registered Business No: _____
 State of Registration: _____
 Type of Business: _____
 (i.e. company, partnership or sole trader.)

CONTACT DETAILS

The following information is used to manage your account information.

If different people will be responsible for the accounting and technical aspects, please list them separately in this section.

ACCOUNTING

name: _____
 position: _____
 phone: _____
 email: _____

TECHNICAL

name: _____
 position: _____
 phone: _____
 email: _____

DOMAIN NAME INFORMATION

Please specify the entire domain name
 (eg. yourcompany.com or yourcompany.com.au)

Please note that an administration charge will apply for domains NOT in the .com/ net/org or .com.au name space.

The initial email re-direction is where all email to the domain will be sent until individual mail boxes are configured.

domain name: _____
 registry key/password: _____
 This domain name is already Yes No
 registered:
 Registration Required: Yes No

DOMAIN NAME REGISTRATION & HOSTING APPLICATION FORM



Telephone: (08) 9249 3622
Facsimile: (08) 9249 4446
Address: PO Box 2165, MALAGA, WA 6944
Email: accounts@arach.net.au
Web: http://www.arach.net.au

HOSTING PACKAGES	LINUX PLATFORM
Please select the desired Hosting Package. A full description of each Hosting Package and pricing is available on our website - www.arach.net.au	Professional Hosting <input type="checkbox"/> Advanced Hosting <input type="checkbox"/> Complete Suite Hosting <input type="checkbox"/>
	WINDOWS PLATFORM
	Professional Hosting <input type="checkbox"/> Advanced Hosting <input type="checkbox"/> Complete Suite Hosting <input type="checkbox"/>
OTHER	
DoMail <input type="checkbox"/> DoWeb <input type="checkbox"/> Mirror domain being mirrored: _____ <input type="checkbox"/> DNS Hosting/Parking Only <input type="checkbox"/> Registration Only <input type="checkbox"/>	

ADD-ON FEATURES	PACKAGE NAME	SELECT
Please select the desired Add-ons (if any). A full description of Add-on packages and prices are available on our website - www.arach.net.au	Additional mailboxes 1 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> specify other <input type="text"/>	
	Additional webspace 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> specify other <input type="text"/>	
	SSL (Secure Server) capability <input type="checkbox"/>	
	Coldfusion capability <input type="checkbox"/>	
	MySQL database access <input type="checkbox"/>	
	MSSQL database access <input type="checkbox"/>	
	Email List Utility <input type="checkbox"/>	

PAYMENT DETAILS	LINUX PLATFORM
Payment is in advance. Applications WILL NOT be processed until payments are received.	method of payment: <input type="checkbox"/> cash <input type="checkbox"/> credit card <input type="checkbox"/> cheque <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> BANKCARD
	credit card number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
	card holder name: _____ expiry date: _____
	My signature on this form is an acknowledgement that: (a) I have read, understood and agreed to the Arachnet General Terms and Conditions and Acceptable Use Policy (As set out at the Arachnet website: www.arach.net.au/policy or as faxed or mailed to me by Arachnet at my request.) all of which govern my use of this account; (b) I am 18 years of age or older; and (c) I am an authorised representative of the above business.
	date: _____ applicant name: _____ signature: _____