

Company Information:					
Company Name:					
Address:					
City:	State/Province:				
Zip/Postal Code:	Country:				
Telephone:	Facsimile:				
Please make sure phone and fax numbers include the country and area codes					
Registrar Web Server URL*: http://					
Billing Information (If Different from Above):	Same as Above 🗌				
Address:					
City:	State/Province:				
Zip/Postal Code:	Country:				
Telephone:	Facsimile:				
Company Legal Structure:					
Incorporated Partnership Trust	Cooperative				
Check One: Other :					
Jurisdiction (State/Province/Country) Formed In:					
Credit Reporting Agency:					
Agency Reference Number:					
Corporate Executive Contacts:					
Chief Executive Officer (or similar position), specify:					
Title: Mr. 🗌 Ms. 🗋 Other 📋: Full Name:					
Telephone:	Facsimile:				
Email:	Mobile:				
Chief Financial Officer (or similar position), specify:					
Title: Mr. 🗌 Ms. 🗋 Other 📄: Full Name:					
Telephone:	Facsimile:				
Email:	Mobile:				
Bank Reference:					
Bank Name:					
Bank Address:					
City:	State/Province:				
Zip/Postal Code:	Country:				
Bank Account Number:					
	Telephone:				





## Payment Security / Notification Threshold:

Your credit limit is based on the payment security that you provide to the Registry, which can be in the form of **Cash Deposit**, irrevocable **Letter of Credit**, or combination thereof. As domain names are registered, your account is reduced by the appropriate dollar amount. If the payment security is depleted, registration of domain names will be suspended and new registrations, renewals and transfer requests will not be accepted until the payment security is replenished. Please refer to our Credit and Payment Policies for further details.

To help you monitor your credit balance, low balance notices will be sent to the designated email contact when your remaining credit balance falls below your pre-established threshold. Please indicate your desired low balance notification threshold below.

**NOTE:** When determining your notification threshold, please take into consideration your estimated registration volume, desired payment frequency and time for payment to reach the Registry. It is your responsibility to set the threshold to best suit your needs and that the Registry holds no liability for any loss or inconvenience caused to you due to the threshold being set too high or too low.

## Please set my Notification Threshold at US\$:

## Authorization:

I certify that:

- the above information is true and correct to the best of my knowledge and belief
- our company will provide payment security that reflects our anticipated level of registrations
- we will modify the payment security to support increases in our registration volumes, as requested by the Registry's billing and payment policies

Name of Officer / Director:	
Position:	
Signature:	Date:
x	(DD/MM/YYYY)

For Registry Use Only (DO NOT FILL):					
This part will be filled out by the Registry after receiving your Initial Deposit and/or Letter of Credit.					
Initial Cash Deposit:		US\$			
Letter of Credit (in the amount of USD): US\$		US\$			
Entered By (DotAsia Personnel):					
Signature:		Date:			
x			(DD/MM/YYYY)		