



Domain Application/Hosting Form

Full Registered Business Name:										ACN or RBN: (NO ABN'S)									
Contact Person:										Position:									
Postal Address:																			
City						State						Postcode							
Phone Number										Fax Number									
Requested Domain Name (\$150 for 2 Years GST Included.) WWW. _____										Existing Domain: (If you already own an domain) WWW. _____									
Web Space Required All web accounts incur a \$44 setup fee (not including any account setup fees)					2mb (\$16.50/mth)					5mb (\$27.50/mth)									
					10mb (\$44/mth)					Domain Mail Only (\$11/mth)									
Are you an existing Internet Express customer?																			
Yes. Current Login:										Current Password:									
No. Requested Login:										Requested Password:									
Credit Card Payments																			
Credit Card accounts are billed directly at the beginning each month.																			
<input type="checkbox"/> I hereby give permission for Internet Express / Zircon Systems Pty Ltd to auto debit my nominated credit card until further notice.																			
Credit Card Type:		<input type="checkbox"/> Visa Card				<input type="checkbox"/> MasterCard				<input type="checkbox"/> Bankcard				<input type="checkbox"/> American Express					
Credit Card No.:		--				--				--									
Signature:										Expiry Date:									
Card Holder:										Date:									
Cash/Cheque Payments (All prices are inclusive of the GST tax.)																			
Cash or Cheque payments must be paid in advance. Standard plan accounts must initially be paid 3 months in advance and then quarterly. Casual accounts must initially pay \$50 to place the account in credit. Payments would then be monthly or as required.																			
Cheque No.:										Cheque Amount: \$									
Cash Payment: Amount: \$										Receipt No.:									
I have read and agreed to abide by the terms and conditions outlined (also available online at http://www.ix.net.au/terms.htm).																			
Signed: _____										Date: _____									
Office Use Only:																			
Requested: [] Registered: [] Delegated: [] Redelegated: [] Call Log #: []																			

Fax completed form to (02) 6332 9888

Zircon Systems Pty Ltd
ABN 53 003 233 421

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS

