



The Caribbean's Premier Communications Provider / Enabler

Web Hosting - Application Form

Date / /

CONTACT INFORMATION:

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____ Fax #: _____

PLAN REQUIRED:

WEBHost 50 WEBHost 200 WEBHost 400 WEBHost 650 WEBHost 800

DOMAIN NAME INFORMATION: (eg. www.your-domain-name.com)

Please indicate 2 choices in order of preference (only one will be chosen)

1. _____

2. _____

PLEASE INDICATE ADDITIONAL FEATURES DESIRED

Excess Data Transfer Additional Disk Space Email Forwarding Email Autoresponders

ASP

CREDIT CARD INFORMATION

All subscribers to InfiChannel may furnish a valid and current credit card to which their charges can be billed.

NAME OF CREDIT CAD HOLDER: _____

CREDIT CARD #: _____/_____/_____/_____

EXPIRY DATE: _____ CARD TYPE: _____

CURRENCY: J\$ US\$ OTHER (Specify): _____

AUTHORIZED SIGNATURE FOR CREDIT CARD CHARGE:

ACCEPTANCE OF TERMS AND CONDITIONS

This agreement must be signed by the individual requesting the subscription in recognition and acceptance of the Terms and Conditions that apply to this Agreement.

Authorised Customer Signature: _____

Date: _____

This quote is valid for 30 days only

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