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<u>Updated: 3-17-99</u>

Domain Name Request Form

New Domain Name Applic	on: Modify or Transfer Existing Domain :
Domain Name:	. (COM,ORG,NET)
Company Name:	
Administrative Contact:	NIC Handle (if Known)
Address:	
Suite:City:	State: Zip:
Telephone #:()	Fax # ()
Administrative Contact E-Mail	dress:
Billing Contact:	NIC Handle (if Known)
Billing Address:	
Suite:City:	State:
Billing Telephone #:()_	Billing Fax # ()
Billing Contact E-mail Addres	
Reason for connection to the In	net:
InterWorld Communications, Incservers.	ill act as technical contact for all registered domain names hosted on our
	nce with InterWorld Communications. 10 per Month. Billed Quarterly. Credit Card billing only.
This is to authorize InterWorld	nmunications, Inc. to charge my:
American Express, VIS	, MasterCardDiscover for these services:
Card #	Expiration Date:Signature :
There is also a \$70.00 InterNIC	istration fee for 2 years of service, billed directly to you from InterNIC.
names must comply with all o InterNIC Fee's are not included	sted Domain Name violates no trademarks or copyrights. All requested domain InterNIC Domain Name Registration policies (available upon requested above listed costs and will be billed directly by the InterNIC. There wire any reason, for these services.
Signature:	Date: