

# Domain Registration Form

Domain Order Information	
For all domains except .us	
From Registrant Profile:	
<b>NOTE:</b> Leave blank if this is your first order with us.	
Order ID (prior order with us, if applicable):	
Previous Domain (with us, if applicable):	
Username (with us, if applicable):	

Domain Information	
Registration Type (circle one):	New Domain    Transfer
Source:	alphaopportunities.com/internet_services
Domain Name to be Registered:	_____ (TLD)
Registration Period:	Years (circle one): 1 2 3 4 5 6 7 8 9 10
Auto Renew:	No (Auto Renew only by special arrangement)
Lock Domain (free, recommended):	Yes    No
Additional Comments:	

Registrant Profile	
Previous Domain: <i>(Optional)</i>	
Username:	
Password:	
Confirm Password:	

Owner Contact Information	
First Name:	
Last Name:	
Organization Name:	
Street Address:	
<i>*optional*</i> (eg: Suite #245):	
<i>*optional*</i> Address 3:	
City:	
State/Province:	
Country:	
Postal Code:	
Phone Number:	(eg. +1.4165551122x1234)
<i>*optional*</i> Fax Number:	
Email:	
<i>Must be currently valid address</i>	

Admin Contact Information	
Same as Owner Information: If YES, check here ___ and skip this section	
First Name:	
Last Name:	
Organization Name:	
Street Address:	
<i>*optional*</i> (eg: Suite #245):	
<i>*optional*</i> Address 3:	
City:	
State/Province:	
Country:	
Postal Code:	
Phone Number:	(eg. +1.4165551122x1234)
<i>*optional*</i> Fax Number:	
Email:	
<i>Must be currently valid address</i>	

Billing Contact Information	
Same as Owner Information: If YES, check here ___ and skip this section or: Same as Admin Information: If YES, check here ___ and skip this section <i>If both checkboxes are selected, 'Owner Information' checkbox will be default.</i>	
First Name:	
Last Name:	
Organization Name:	
Street Address:	
<i>*optional*</i> (eg: Suite #245):	
<i>*optional*</i> Address 3:	
City:	
State/Province:	
Country:	
Postal Code:	
Phone Number:	(eg. +1.4165551122x1234)
<i>*optional*</i> Fax Number:	
Email:	
<i>Must be currently valid address</i>	

Technical Contact Information	
Same as Owner Information: If YES, check here ___ and skip this section or: Same as Admin Information: If YES, check here ___ and skip this section or: Same as Billing Information: If YES, check here ___ and skip this section <i>If all checkboxes are selected, 'Owner Information' checkbox will be default. If no Technical Contact identified Alpha Opportunities will serve as Technical Contact by default at no charge.</i>	
First Name:	
Last Name:	
Organization Name:	
Street Address:	
<i>*optional*</i> (eg: Suite #245):	
<i>*optional*</i> Address 3:	
City:	
State/Province:	
Country:	
Postal Code:	
Phone Number:	(eg. +1.4165551122x1234)
<i>*optional*</i> Fax Number:	
Email:	
<i>Must be currently valid address</i>	

DNS Information	
Note: If not known or if using our default DNSs (at no charge) leave blank and we will complete this section	
Primary DNS Hostname:	
Secondary DNS Hostname:	
<i>*optional*</i> Third DNS Hostname:	
<i>*optional*</i> Fourth DNS Hostname:	
<i>*optional*</i> Fifth DNS Hostname:	
<i>*optional*</i> Sixth DNS Hostname:	