

Domain Registration Form

Domain Order Information	
For .us domains only	
From Registrant Profile: NOTE: 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:	.us
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:	

.US Nexus Information	
Domain Name Application Purpose	Select Application Purpose (circle one): Business use for profit Non-profit business, club, association, religious organization, etc. Personal Use Education purposes Government purposes
Nexus Category of Applicant (please choose one)	Select Applicant Nexus (circle one): Category 1 - A natural person: Who is a United States citizen Who is a permanent resident of the United States of America or any of its possessions or territories Category 2 - U.S. Corporation U.S. organization incorporated within one of the 50 states of a U.S. territory Category 3 - Bona Fide U.S. Presence Regularly engages in lawful activities (sales of good or services or other business, commercial or non-commercial, including not-for-profit relations in the United States). Entity has an office or other facility in the U.S. Country of Citizenship: (required for Category 3): _____

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

Owner Contact Information	
First Name:	
Last Name:	
Organization Name:	
Street Address:	
<i>*optional* (eg: Suite #245):</i>	
<i>*optional* Address 3:</i>	
City:	
State/Province:	
Country:	
Postal Code:	
Phone Number:	(eg. +1.4165551122x1234)
<i>*optional* Fax Number:</i>	
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* (eg: Suite #245):</i>	
<i>*optional* Address 3:</i>	
City:	
State/Province:	
Country:	
Postal Code:	
Phone Number:	(eg. +1.4165551122x1234)
<i>*optional* Fax Number:</i>	
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* (eg: Suite #245):</i>	
<i>*optional* Address 3:</i>	
City:	
State/Province:	
Country:	
Postal Code:	
Phone Number:	(eg. +1.4165551122x1234)
<i>*optional* Fax Number:</i>	
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* (eg: Suite #245):</i>	
<i>*optional* Address 3:</i>	
City:	
State/Province:	
Country:	
Postal Code:	
Phone Number:	(eg. +1.4165551122x1234)
<i>*optional* Fax Number:</i>	
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* Third DNS Hostname:</i>	
<i>*optional* Fourth DNS Hostname:</i>	
<i>*optional* Fifth DNS Hostname:</i>	
<i>*optional* Sixth DNS Hostname:</i>	