

ADSL Service application form in "Be Cool"

Domain Name Registration Form

Date ___/___/_____

To Whom it may concern to register a domain name, please fill the following blanks with the information (English Letters only).

-Full Name of the domain owner: _____

New Domain Modify Domain Delete Domain

-Full Address: _____

- Phone Number (included area code) _____

- Fax Number: _____

- Name of Person in charge: _____

- Email Address: _____

- Required Domain Name: _____

- Registration duration:

1 year / \$70 2 years / \$100 3 years / \$120

Signer Name _____

Signature _____

Office Filling: _

Received By _____

Date ___/___/_____

Send in ___/___/_____

Send By _____

Accepted In ___/___/_____