



# Web Hosting Order Form

**1. Australian Business Number (ABN)**

(if applicable)

**2. Registered Business Name**

(or individual's name if not a registered business)

**3. Trade Name**

(if applicable)

**4. Contact Name**

(full name of contact person)

**5. Contact Email**

(email address of contact person)

**6. Contact Telephone**

(include area code)

**7. Payment Details**

(select one payment method and complete card details)

- American Express     MasterCard  
 Visa

Card Number

Name on Card (card holder's name)

Expiry Date

Card holder's signature

**8. Domain Name**

(select one domain name option)

- We already have a domain name registered, please transfer the domain name shown below to our new hosting account (no charge)

OR

- We do not have a domain name registered, please register a new domain name for us as shown below (two year registration \$149.00)

Provide domain name to be transferred or registered

**9. Hosting Plan**

(setup fee \$0.00)

- |                                     |            |                               |            |
|-------------------------------------|------------|-------------------------------|------------|
| <input type="checkbox"/> Personal   | \$12.95/m  | <input type="checkbox"/> Plus | \$29.95/m  |
| <input type="checkbox"/> Mini       | \$19.95/m  | <input type="checkbox"/> Plus | \$69.95/m  |
| <input type="checkbox"/> Micro      | \$49.95/m  |                               |            |
| <input type="checkbox"/> Business   | \$89.95/m  |                               |            |
| <input type="checkbox"/> Enterprise | \$129.95/m | <input type="checkbox"/> Plus | \$199.95/m |

**10. Would you like to pre-pay this account one year in advance and receive a 10% discount on the above annualised plan fee?**

- Yes, pay one year in advance (10% discount)  
 No, pay the above monthly fee each month

**11. Username and Password**

(you will use these to access your account, web control panel and FTP services. The password is case sensitive).

Username (6 to 8 characters)

Password (6 to 11 characters)

**12. Declaration**

(by signing below you declare that you have provided true and correct information on this form, are authorised to use the credit card details provided, and have read and agreed to the INVIDIA TERMS AND CONDITIONS including the ACCEPTABLE USAGE POLICY - AUP)

Signature

Date

SEND to GPO BOX 2297 CANBERRA ACT 2601 AUSTRALIA or FAX to 02 6248 8832

INVIDIA Terms and Conditions and AUP can be viewed at <http://www.invidia.com.au/legal>