



PO Box 511 Guymon, OK 73942

ptci.net VIRTUAL DOMAIN APPLICATION

Billing Name: \_\_\_\_\_ Billing Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Location Street/Map #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Specify Domain Name: ([www.name.com](http://www.name.com)) \_\_\_\_\_

ftp username: \_\_\_\_\_ ftp password: \_\_\_\_\_

OR

FrontPage Extensions Username: \_\_\_\_\_ FrontPage Extensions password: \_\_\_\_\_

INTERNIC) FEES: (billed direct from Internic) Domain Name Registration:	
Initial registration with InterNIC for first year	\$35.00
Yearly fee thereafter (can register site for maximum 10 years in advance at a discounted rate)	
(for Internic charges)	

Name that appears on credit card: \_\_\_\_\_ Circle Credit Card Type: VISA MC

Billing Address for Credit Card: \_\_\_\_\_  
Box, Street or Route (include building or Apartment #) City State Zip

MAJOR CREDIT CARD & ACCOUNT NUMBER: \_\_\_\_\_ Three or Four Digit # from back of card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount to bill for: 1 year \$35.00 or \_\_\_\_\_ Years @ a discounted rate. \$ \_\_\_\_\_

PTCI INITIAL SET UP FEE: (billed by PTCI)	
One-time setup fee:	\$25.00
Monthly charge: Web Hosting & Advertising (up to 200mb)	\$20.00 (ftp included for web page maintenance; does not require dial up account)
Additional Meg	\$ 1.00 (per meg per month)
10,000 hits per month free, thereafter	\$ 0.0005 per hit
2000mb downloads free, thereafter	\$ 0.10 per mob

I understand and agree that the above information will be used to establish this application for ptc.net service. I understand that a suitable deposit may be required for service. I authorize and instruct any person, consumer reporting agency, credit reporting agency, or my local telephone company to compile and furnish PTCI with any information it has on me or the entity on whose behalf I make this application. If signing on behalf of an entity, I represent that I am a duly authorized representative of the entity shown under "Billing Name" above; and I have submitted this application in the capacity indicated as my "TITLE" below. If I am representing a corporation, I acknowledge that the execution of this document has been authorized by all necessary corporate action.

X \_\_\_\_\_ Title (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

OFFICE USE ONLY:			
Agent Code: _____	Account Number: _____	Activation Date: _____	Deposit: _____
Method of Payment: CASH: _____ CHECK: _____			
MAJOR CREDIT CARD & ACCOUNT NUMBER: _____ Expiration Date: _____			