

Web Hosting Order Form

Company Name:		Contact Name	
Billing Address		Billing Address 2	
City	Province	Postal Code	
Phone		Fax	
Primary Email		Off Network Email	

Order Information

Order Type New Change
 Billing Period * Monthly Quarterly Semi Annually Annually

Hosting Plan

Domain Name: _____
 Register Domain Name (.CA - \$20 / year, .COM/.NET/.ORG - \$14.25 / year): Yes No

Select	Plan	Space	Bandwidth	Price/Month	Price/Year
<input type="checkbox"/>	25MB	25 MB	1.25 GB	\$ 6.99	\$ 76.89
<input type="checkbox"/>	50MB	50 MB	2.5 GB	\$ 9.99	\$ 109.89
<input type="checkbox"/>	75MB	75 MB	3.75 GB	\$ 14.99	\$ 164.89
<input type="checkbox"/>	100MB	100 MB	5 GB	\$ 19.99	\$ 219.89
<input type="checkbox"/>	150MB	150 MB	7.5 GB	\$ 28.99	\$ 319.89
<input type="checkbox"/>	200MB	200 MB	10 GB	\$ 38.99	\$ 428.89
<input type="checkbox"/>	Custom				

Hosting Extra

Dedicated IP Number \$3.00 per month
 SSL Certificate (per year) Std \$50 Deluxe \$100 Prem. \$500

Authorization

I, the undersigned, authorize your company to proceed with the setup and commencement of the services selected above. I have read and understand any and all conditions applied to this application and the penalties associated with them, within the provisions of the terms and conditions provided. This application becomes a contract upon the establishment of service.

Name	Signature	Date

*Monthly and quarterly billing is only available to clients with amounts being billed greater than \$50 per period.

** Prices do not include applicable taxes

