



Registrar Credit Application Form

Company Information

Company Name	
Company Address	
Address 2	
Address 3	
Country	
Postal Code	
Telephone	
Fax	
Website URL	

Billing Information

Billing Address	
Address 2	
Address 3	
Country	
Postal Code	
Telephone	

Chief Executive Officer

Telephone	
Email	

Company Legal Structure (check one)

<input type="checkbox"/>	1. Incorporated
<input type="checkbox"/>	2. Partnership
<input type="checkbox"/>	3. Trust
<input type="checkbox"/>	4. Other (describe)

Chief Financial Officer

Telephone	
Email	

State/Province/Country
formed in

Bank Reference

Address 1	
Address 2	
Address 3	
Country	
Account Number	
Contact Name	
Telephone	

Credit Reporting
Agency
Agency Reference No.

Payment Security

(check one)

<input checked="" type="checkbox"/>	1. Deposit Account
<input type="checkbox"/>	2. Letter of Credit

Payment Security
Amount*

\$ _____

* The amount of your Payment Security establishes your Credit Limit in the Shared Registration System. Your registration volume during a billing cycle may not exceed your credit limit. To help you monitor your credit balance, low balance notices will be sent to the routine email contact when your remaining credit balance falls below your pre-established threshold. Indicate your desired low balance notification threshold below.

Please set my notification threshold at _____% of my credit limit.

The following statement must be signed by an authorized officer or director of the company applying for credit.

"I certify that the amount of my payment security reflects my anticipated level of registrations. I will modify my payment security to support increases in my registration volumes, as requested by the Registry's Credit and Billing Policies. The above information is true and correct to the best of my knowledge and belief."

Signature of Officer/Director

Title

Date

Print Name