



Soft-Tech Internet

GPO BOX 3078, BRISBANE QLD 4001

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Web: www.st.net.au

Fax: 1300 732 702
Email: sales@st.net.au

DOMAIN REGISTRATION APPLICATION

1. Your Contact Details

Full Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Organisation:	<input type="text"/>	Fax Number:	<input type="text"/>
Position:	<input type="text"/>	Work/Mobile:	<input type="text"/>
Address:	<input type="text"/>	Email Address:	<input type="text"/>
	Postcode:	<input type="text"/>	

2. Details about the Domain name and the business

Requested Domain Name:	<input type="text"/>		
Company / Association Name:	<input type="text"/>		
Postal Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
ABN Number:	<input type="text"/>	ACN Number:	<input type="text"/>

If this domain name being sought represents a registered business name, or if no ACN exists for the organisation, please provide the following:

Registered Name:	<input type="text"/>		
Registration Number:	<input type="text"/>	State:	<input type="text"/>

3. Payment Method

<input type="checkbox"/> Cash	<input type="checkbox"/> EFTPOS	<input type="checkbox"/> Money Order	Amount Payable	<input type="text"/>
<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card		(inc GST):	

I authorise Soft-Tech Internet to charge my designated credit card the above amount for registration of my domain name. I understand that my Credit card will be charged for renewal after my 2 years registration has expired.

Cardholder:	<input type="text"/>	Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Expiry Date:	<input type="text"/>	<input type="text"/>	Card Type:	<input type="text"/>	
		Signature:	<input type="text"/>		Date:	<input type="text"/>	<input type="text"/>

Office Use Only:

Date Received	Sys Admin	Accounts	# Paid	Approval	Sales	Date Completed
___ / ___ / ___						___ / ___ / ___