



Domain Name Registration/Transfer Form

The purpose of this form is to provide you with a vehicle to clearly relay Domain Name related information to Pixelspace. This information will be used to transfer an existing domain or to register a new one. Once the account has been established this information will be destroyed. Complete both pages carefully. Print this form and complete as much information as possible.

Print this form and complete by hand or use the provided fields. Once complete fax both pages to Pixelspace at 828.994.2216.

COMPANY INFORMATION

Domain Name	<input type="text"/>
Registrant	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
City, state, Zip	<input type="text"/> <input type="text"/> <input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>

DOMAIN NAME SERVER & HOSTING INFORMATION (optional)

Primary DNS Server Name	<input type="text"/>	Server IP Address	<input type="text"/>
Secondary DNS Server Name	<input type="text"/>	Server IP Address	<input type="text"/>

What ISP Is Currently Hosting This Domain Name?

What Registration Company Registered The Domain Name?

What Is Your Domain Name Management Login Information?

Web Address	<input type="text"/>
Username	<input type="text"/>
Password	<input type="text"/>

If you have any questions contact Pixelspace at 828.994.2212.

CONFIDENTIALITY NOTICE

This information is intended only for the above addressee. It may contain sensitive or privileged. If you have received this information in error please destroy it immediately and notify the sender.

ADMINISTRATIVE CONTACT

Internic Handle	<input type="text"/>
Contact Name	<input type="text"/>
Email	<input type="text"/>
Company Name	<input type="text"/>
Address	<input type="text"/>
City, State, Zip	<input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>

TECHNICAL CONTACT

Same As Administrative

Internic Handle	<input type="text"/>
Contact Name	<input type="text"/>
Email	<input type="text"/>
Company Name	<input type="text"/>
Address	<input type="text"/>
City, State, Zip	<input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>

BILLING CONTACT

Same As Administrative

Internic Handle	<input type="text"/>
Contact Name	<input type="text"/>
Email	<input type="text"/>
Company Name	<input type="text"/>
Address	<input type="text"/>
City, State, Zip	<input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>

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