

Registrar Financial Information Form

Company Information

Company Name _____
Company Address _____
Address 2 _____
Address 3 _____
City _____
State _____
Postal Code _____
Country _____
Telephone _____
Fax _____
Web Site URL _____

Billing Information

Address 1 _____
Address 2 _____
Address 3 _____
City _____
State _____
Postal Code _____
Country _____
Telephone _____

Company Legal Structure (check one)

- 1. Incorporated
- 2. Partnership
- 3. Trust
- 4. Other (specify)

State/Province/Country formed in: _____
Credit Reporting Agency _____
Agency Reference # _____

Chief Executive Officer

Name _____
Telephone _____
E-mail Address _____

Chief Financial Officer

Name _____

Telephone _____

E-mail Address _____

Bank Reference

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____

State _____

Country _____

Account Number _____

Contact Name _____

Telephone _____

Payment Security (check one)

Deposit Account

Letter of Credit

Payment Security Amount: \$ _____ *

* The amount of your Payment Security established 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 designated e-mail 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, or US \$ _____.

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 billing and payment policies. The above information is true and correct to the best of my knowledge and belief.

Signature of Officer/Director Title: _____

Print Name Date: _____