

Registrar Registration Form

Please submit this form to NeuLevel either by 1.) E-mail reg-support@neulevel.biz, or 2.) Facsimile +1 571 434 5758, or 3.) Postal Mail: NeuLevel Customer Support, 46000 Center Oak Plaza Sterling, VA 20166, U.S.A.

All items in this form are mandatory.

Registrar Information	Corporate Name:	_____
	Doing Business As:	_____
	Address1:	_____
	Address2:	_____
	City:	_____
	State/Province:	_____
	Zip/Postal Code:	_____
	Country:	_____
	Telephone:	_____
	Facsimile:	_____

Corporate Contact Information:

E-mail Addresses:

Routine E-Mails: _____

Priority E-Mails: _____

Receives Urgent Notifications

Kids.US Violations _____

.US Nexus _____

Registrar Customer Service _____

Primary Website URL Address _____

Whois Server Name _____

Registrar Emergency Telephone Number: _____

Urgent Notifications

Security Pass Phrase Security Pass Phrase: _____

Registrar's authentication phrase is to validate who you are, when contacting Registry Customer Support by telephone.

Individual Contact Information:

Administrative Contact Job Title: _____
Title (check one): Mr. ____ Mrs. ____ Ms. ____
First Name: _____
Last Name: _____
Telephone: _____
Facsimile: _____
E-mail Address _____

**Check here if address is the same as corporate address on page 1: _____
If not, please provide your address information below.**

Address1: _____
Address2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Marketing Contact Job Title: _____
Title (check one): Mr. ____ Mrs. ____ Ms. ____
First Name: _____
Last Name: _____
Telephone: _____
Facsimile: _____
E-mail Address _____

**Check here if address is the same as corporate address on page 1: _____
If not, please provide your address information below.**

Address1: _____
Address2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

**Legal
Contact**

Job Title: _____
Title (check one): Mr. ____ Mrs. ____ Ms. ____
First Name: _____
Last Name: _____
Telephone: _____
Facsimile: _____
E-mail Address _____

**Check here if address is the same as corporate address on page 1: _____
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Address1: _____
Address2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

**Billing
Contact**

Job Title: _____
Title (check one): Mr. ____ Mrs. ____ Ms. ____
First Name: _____
Last Name: _____
Telephone: _____
Facsimile: _____
E-mail Address _____

**Check here if address is the same as corporate address on page 1: _____
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Address1: _____
Address2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Technical Contact

Job Title: _____
Title (check one): Mr. ____ Mrs. ____ Ms. ____
First Name: _____
Last Name: _____
Telephone: _____
Facsimile: _____
E-mail Address _____

Check here if address is the same as corporate address on page 1: _____
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Address1: _____
Address2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Domain Name Transfer Point of Contact

Job Title: _____
Title (check one): Mr. ____ Mrs. ____ Ms. ____
First Name: _____
Last Name: _____
Telephone: _____
Facsimile: _____
E-mail Address _____

Check here if address is the same as corporate address on page 1: _____
If not, please provide your address information below.

Address1: _____
Address2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Registry Internal Use Only

Provisioning Complete? Yes ____ No ____ IANA ____ Initials ____

**Supplemental Public Information
(If different from above)**

Administrative Contact Job Title: _____
Title (check one): Mr. ____ Mrs. ____ Ms. ____
First Name: _____
Last Name: _____
Telephone: _____
Facsimile: _____
E-mail Address _____

**Check here if address is the same as corporate address on page 1: _____
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Address1: _____
Address2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Technical Contact Job Title: _____
Title (check one): Mr. ____ Mrs. ____ Ms. ____
First Name: _____
Last Name: _____
Telephone: _____
Facsimile: _____
E-mail Address _____

**Check here if address is the same as corporate address on page 1: _____
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Address1: _____
Address2: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Billing Job Title: _____

Contact: Title (check one): Mr. ____ Mrs. ____ Ms. ____

 First Name: _____

 Last Name: _____

 Telephone: _____

 Facsimile: _____

 E-mail Address _____

Check here if address is the same as corporate address on page 1: _____
If not, please provide your address information below.

 Address1: _____

 Address2: _____

 City: _____

 State/Province: _____

 Zip/Postal Code: _____

 Country: _____