

# Registrar Credit Application

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Please submit this application to NeuLevel either by (1) Fax: +1 571-434-5788, or (2) Mail: 45980 Center Oak Place, Building VIII, Sterling, VA 20166, USA.

**Registrar  
Information**

Corporate Name \_\_\_\_\_  
Headquarters Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
Country \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Web Site URL \_\_\_\_\_

**Chief Executive  
Officer**

Contact Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Chief Financial  
Officer**

Contact Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Bank Reference**

Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
Country \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Billing Information**

Billing Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
Country \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Company Legal Structure**

**(Check One)**

Incorporated   
Partnership   
Trust   
Other

State/Province/Country formed in: \_\_\_\_\_

National ID Number \_\_\_\_\_  
(Taxpayer ID, etc.)

Credit Reporting Agency \_\_\_\_\_

Agency Reference Number \_\_\_\_\_

The amount of your Payment Security establishes your *Credit Limit* in the Shared Registration System (SRS). Your registration 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 e-mail contact when your remaining credit balance falls below your pre-established threshold.

The notification threshold is set at 20% of your credit limit.

**An authorized officer or director of the company applying for credit must sign the following statement.**

*"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 required 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