

mTLD Financial Information Form

Company Information

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

Billing Information

Address 1 _____
Address 2 _____
Address 3 _____
Country _____
Postal Code _____
Telephone _____
VAT Number _____

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 _____
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\$ _____.

The following statement must be signed by and authorized officer or director of the company applying for credit:

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:
Date:

Print Name