



If you would like to purchase web hosting please fill out the following application form and return by fax or post.

Customer Details	First Name: _____	Last Name: _____
	Company Name: _____	
	Business Name: _____	Email Address: _____
	Address: _____	Postcode: _____
	Country: _____	Phone: _____ Fax: _____

Domain Registration	Domain Name Information Tick if Required <input type="checkbox"/>
	Your Domain Name: www. (your website will be connected to this domain name)
Domain Registration	Domain name Registration
	Pricing listed is for .co.bw, .com, .net, .biz, .info, .org, .org.uk, co.za, .org.za, .gov.za., com.zm, .co.zm For other domains, please apply and our system will generate a cost.

Web site Hosting	Please enter your new username and password for your web hosting account.
	Username: _____
	Password: _____
	*Case sensitive, no spaces. Password 6-12 characters using a combination of letters and numbers.
Web site Hosting	Web Hosting Plans Tick if Required <input type="checkbox"/>
	Please select your hosting plan required.
	<input type="checkbox"/> Option A (Platnuim) <input type="checkbox"/> Option B (Gold) <input type="checkbox"/> Option C (Silver)
Web site Hosting	<ul style="list-style-type: none"> • 30000mb web space • Unlimited MySQL Database • Easy control panel • Unlimited email accounts
	<ul style="list-style-type: none"> • 20000mb web space • 20 MySQL Database • Easy control panel • 50 email accounts
	<ul style="list-style-type: none"> • 15000mb web space • 5 MySQL Database • Easy control panel • 10 email accounts

Email Hosting	Email Hosting Packages Tick if Required <input type="checkbox"/>
	Make an impact with email accounts at your own domain without the need for a website
	<input type="checkbox"/> Email Home Hosting <input type="checkbox"/> Email Enzi Personal <input type="checkbox"/> Email Enzi Business
Email Hosting	5 Email @yourdomain 20 Email @yourdomain Unlimited Email @yourdomain
	• Easy control panel • Easy control panel • Easy control panel

Payment Details	Mode of Payment	Please enclose full payment, all prices are in Pula. FEE: _____ (+ manual application fee) Card Number: _____ Full Name on Card: _____ Signature Card: _____ Expiry Date: ___/___/___	Card Type
	<input type="checkbox"/> Credit Card		<input type="checkbox"/> Visa
	<input type="checkbox"/> Cheque		<input type="checkbox"/> Mastercard
	<input type="checkbox"/> Money Order		<input type="checkbox"/> Amex
	<input type="checkbox"/> Direct Deposit		<input type="checkbox"/> Delta

Terms & Conditions	Yes, I agree to the current terms and conditions of assertivesolution.com
	Signature/s: _____ Date: _____ <hr/> <p style="text-align: center;">This form is © copyright 2015 to Assertive Solutions</p>

