ccTLD 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   _____

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.

_____   Title:

Signature of Officer/Director   Date:

_____

Print Name