Quick Technologies Inc Web Hosting Order Form

Company Information

COMPANY _____

ACCOUNT CONTACT _____ TITLE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____

EMAIL _____

WEB ADDRESS _____

Product And Domain Selection

Description		***Price***	***Amount***
Premium Web Site Hosting Service		***$360/yr***	_____
Standard Web Site Hosting Service		***$120/yr***	_____
Domain Registration	Circle One: **1 Year $35 2 Years $63 5 Years $140 10 Years $245**		_____
Additional Email Accounts (10 pack)	_____ **X**	**$120/yr**	_____

Domain name for website: _____

☐ It is already registered. I will handle re-assigning it to the QTI servers.

☐ Email me instructions so QTI can handle re-assigning my domain name to point to the QTI servers (FREE).[1]

☐ I want QTI to register the new domain name for me.[2] Please visit www.qti.com to find an available domain name. Then write it below and select domain name registration above.

Domain Name Choice: _____ . _____ (.net, .com, .edu, .org, .info, .biz)

[1] Additional information may be required to complete your domain name transfer. We will request any necessary information from you via email. If we do not receive the information within 10 business days we will cancel the transfer process.

[2]Domain names are registered through Network Solutions. After the initial term expires, you will be billed by us at the then-current rate (currently $35 per year). Failure to timely pay your bill will result in the expiration of (and possible loss of) your domain name. If you choose to register a name yourself, you may use any registrar.

Please list a password for administration access to your account: _____

Do you wish to use FTP to administer your site? YES ☐ NO ☐

Do you wish to use MS FrontPage to administer your site? YES ☐ NO ☐

Payment Options

Sub Total Due $_____

TAX (Texas residents only must add 8.25% sales tax) $_____

Please make checks payable to Quick Technologies, Inc. **Total Due (all pricing US) $**_____

☐ Check Enclosed ☐ Check Mailed Separately ☐ MC/Visa/Discover/Amex/Optima

_____ _____/_____ _____

MC/Visa/Discover/Amex/Check Number *Expiration Date* *Signature for Credit Card*

Credit Card Billing Address: _____

Street or PO Box *City* *State* *Zip*

Printed name on credit card: _____

Customer Agreement

Please read the SAGE Customer Agreement (rev 5.0) ("Agreement") located at www.sageworld.com/legal. Your signature below indicates your acceptance of the entire Agreement on behalf of the company identified above and your representation that you have the authority to bind such company to the Agreement. If you cannot access or read the Agreement for any reason, please call us before you sign and we will provide you with a copy.

Signature _____ Title _____

Printed Name _____ Date _____

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