



Website Hosting Application
Fax 218-529-1195

Customer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax Number: _____

Desired Website Address: _____

2nd Choice Website Address: _____

E-Mails: (up to 8 are included) _____

Billing Address (if not the same): _____

City: _____ State: _____ Zip: _____

Billing Information: Credit Card No.: _____ Expiration Date: _____

MasterCard VISA American Express Discover

OR

Bank: _____

Bank Routing No (9 digits): _____

Account No.: _____

A VOIDED CHECK MUST BE ATTACHED FOR AUTOMATIC BANK WITHDRAWAL.

Payments will pull from your designated account the first of each month.

I Authorize Harbornet to take my monthly payments out of the above selected account:

Signature

Date

MONTHLY SERVICE TYPE

Standard Hosting \$20.95 ColdFusion \$40.95 Secure Transaction \$69.95

Do you presently have this website? Yes _____ No _____

Do you want HBS to secure this website? Yes _____ No _____

FTP User Name: _____ Password: _____ (alpha-numeric)
(minimum 5 characters)

FOR OFFICE USE ONLY

Web site IP Address: _____ HBS Server: _____