

The Paradox Consulting Group, Inc.

P.O. Box 44064 Burnaby, BC V5B 4Y2 Canada

Phone: (604) 599-6292 Fax: (604) 599-4367

Email: info@paradox-group.com

Web: www.paradoxwebhosting.com



Application for Web Hosting Services (all fees are in Canadian Currency)

Customer Information

Please Print

Full Name: _____ Company: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____

Country: _____ Email: _____ Daytime Phone: _____

Web Hosting Information

<input type="checkbox"/> Starter Plan (25MB, 2Gb Transfer) \$12.99 per month - \$19.99 one-time setup fee	<input type="checkbox"/> Personal Plan (50MB, 4Gb Transfer) \$19.99 per month - \$19.99 one-time setup fee
<input type="checkbox"/> Standard Plan (100MB, 8Gb Transfer) \$29.99 per month - \$34.99 one-time setup fee	<input type="checkbox"/> Advanced Plan (250MB, 15Gb Transfer) \$49.99 per month - \$49.99 one-time setup fee
<input type="checkbox"/> Corporate Plan (600MB, 20Gb Transfer) \$69.99 per month - \$79.99 one-time setup fee	<input type="checkbox"/> Add a second domain name to your account \$9.99 one-time setup fee

Username: _____ (max 8 characters) Password: _____ (max 10 characters)

(Username and Password must be numbers or letters, no spaces allowed. Password should contain upper and lowercase letters)

Domain Information

Domain Name: _____ (eg. www.yourname.ca)

- Register a **NEW** domain name (Registration fees will apply)
 Existing domain name (transfer)

Payment Information

Billing: Monthly Billing Quarterly Billing Semi-Annual Billing

Account setup fees are one-time only. All other fees are monthly.
By signing below, I agree to the terms and conditions of the **Acceptable Use Policy, Anti Spam Policy, and Terms of Service** located on our website at www.paradoxwebhosting.com.
By signing I also acknowledge that I have authority to bind the Company mentioned above (if the account is for a company) and that I will personally guarantee all fees generated on this account.

Setup Fee: \$ _____

Web Hosting Fee: \$ _____

Additional Services: \$ _____

GST (7.0%): \$ _____

Total: \$ _____

Visa Card Number: _____ Expiry Date: _____

Cardholder Name: _____ CVV2 Number: _____

Date: _____ Signature: _____