



43705 US Hwy 63
 Cable, WI 54821-4616
 (715) 798-3303
 www.norvado.com

Website Hosting Application

Customer Information

Name _____
 Driver's License _____
 Date of Birth _____ / _____ / _____
 Social Security #/Tax ID _____
 Can Be Reached # _____
 E-mail _____
 Registered Domain Name _____

Billing Information

___ Use Customer Info

Name _____
 Company _____
 Phone # _____
 E-mail _____

By default, all of the mail sent to the new domain will be delivered to the e-mail address listed above. Customers are entitled to up to three (3) additional e-mail addresses at no extra charge. We will set up these e-mail accounts on our server as @norvado.net addresses. We may then set up mail forwarding from the domain to those e-mail accounts. If a customer would like to take advantage of these accounts, he/she will need to indicate the address(s) of his/her choice in the spaces provided below. If more space is needed to request additional addresses, please use a separate piece of paper and attach it to this form.

Example: jane@mycompany.com

Will Be Delivered To

janedoe@norvado.net

_____ → _____
 _____ → _____
 _____ → _____

More than one (1) domain address can be delivered to an e-mail address and can be forwarded to any e-mail address. This option is not limited to norvado.net addresses.

Website Hosting Package

Unlimited Package: Includes unlimited web space, virus and e-mail filtering, Webmail, and Web Stats. Package price is \$9.95 per month and a \$25.00 installation fee will apply.

Payment Options

Installation Fee	\$ _____	Cash Amount	_____
Package Price	\$ _____	Check Amount	_____ Check # _____
Static IP Address	\$ _____		
Subtotal	\$ _____	Go to www.norvado.com and click 'Pay Now' to pay with a credit card. When prompted, enter Billing Account #: _____ and account holder's last name.	
Tax	\$ _____		
Total	\$ _____		

I agree to the charges listed above and to comply with the Airstream Acceptable Use Policy. Knowingly providing inaccurate or incomplete information may result in immediate termination of service. Billing starts upon account activation. Questions not completed on this form will not be included with the initial domain installation. Modifications to the domain after installation will result in additional service charges. The completed form can be mailed to Norvado P.O. Box 67 Cable, WI 54843 or faxed to (715)798-3044.

Print Name _____
 Signature _____ Date: ____/____/____

Office Use Only: SO# _____ Install Date _____ Account # _____ Customer # _____ CSR _____ CPNI _____
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