



# DigitalResource Corporation

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## SUPPORT SERVICES ORDER FORM

### ADMINISTRATIVE INFORMATION

1	Full Name _____	Business Name _____
	Address _____	Email * _____
	City/Town _____	Phone _____
	Country _____ Zip _____	Fax _____

### WEBSITE MAINTENANCE

2 **Weekly graphic and text updates for**     3 full months     6 full months     12 full months  
**Site URL:**    <http://www.> \_\_\_\_\_  
**Company Description** \_\_\_\_\_

### WEBSITE PROMOTIONS

3 *This information will be displayed on/or to Search Engines:*  
**Site URL to be listed:**    <http://www.> \_\_\_\_\_  
**Company Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Contact Name / Email:** \_\_\_\_\_  
**Preferred Keywords:**    **KW 1:** \_\_\_\_\_ | **KW 2:** \_\_\_\_\_ | **KW 3:** \_\_\_\_\_  
**Website title:** \_\_\_\_\_  
**Site Description:** \_\_\_\_\_  
 (up to 250 characters only)

### DOMAIN NAME REGISTRATION

4 **The following information is required for new domain name.**  
 Full Name \_\_\_\_\_ Business Name \_\_\_\_\_  
 Address \_\_\_\_\_ Email \* \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
 Country \_\_\_\_\_ NIC handle \_\_\_\_\_  
 Specify the domain name you want to register below. Provide at least 2 choices in case your first choice is reserved:  
 Domain Name \_\_\_\_\_  
 Alternative 1 \_\_\_\_\_ Alternative 2 \_\_\_\_\_  
 Register my Domain for: (Php 1540 / year, VAT Inclusive)     One Year     Two Years     Three Yrs.  
 • Please use a valid Email from your domain or your ISP. Free or vanity emails are not allowed.

5 **Where did you hear about us?**     Internet     Broadcast  
 Referral     Print  
 Sales Representative     Others \_\_\_\_\_

### PAYMENT INFORMATION

6 **Please check your preferred form of payment.**  
 Cash  
 Check  
 Bank deposit or Wire transfer *(please call 433-5614 for bank details)*

### AGREEMENT

7 I confirm that the above information is true and correct.

\_\_\_\_\_  
Signature above printed name

\_\_\_\_\_  
Date

Please fax this form to 433-5619. We will process your account once payment has been received. To expedite your order, fax us your check or deposit slip and your account will be activated within 24 hours.

01-drc-ssof-2k6 Sales Code \_\_\_\_\_ Account Number \_\_\_\_\_ Form No. \_\_\_\_\_