

Domain Provisioning Form

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If you are registering or transferring multiple, separate domains, please fill out one form per domain. Check all spelling carefully, domains will be registered as written.

Company Name	
Authorizing Person	
City, State, Zip	
Country	
Phone Number	
Fax Number	

Domain Name	
Request Type	<input type="radio"/> New Domain Name <input type="radio"/> Transfer of Existing Domain Name
Alternate Domains	<p>In the event that your first choice for a new domain is not available for registration, please provide some alternate domain options.</p> <p>1. _____</p> <p>2. _____</p>

Current Domain Registrar/DNS Provider

To avoid transfer delays, please verify the following information before submitting this form.

Registrar	
Contact Info	
Admin Username	
Admin Password	

Current Hosting Provider

To avoid transfer delays, please verify the following information before submitting this form.

Hosting Provider	
Contact Info	
Admin Username	
Admin Password	