

Email Names

- 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____
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Payment Method

Visa MC Cheque

Name On Credit Card _____

Credit Card Number: _____

Expiry Date: _____

If paying by credit card fax sheets to (416) 429-6930 or mail to address on top of first page.

If paying by cheque please mail to the address on top of first page. Note your order will be processed once the cheque has cleared.

***Option 1 Includes**

- One web page
- One email address (250 MB storage)
- One domain registration (.ca extra)

Option 2 Include

- One web page
- Max. five forwarded email address
- One domain registration (.ca extra)