



Reseller Application Form

1. Contact Information

Company Name:	
Contact Person:	
Address:	
E-mail:	Phone Number(Mobile):
Fax Number:	Phone Number(Office):

2. Service Plan

Domain Name:				
Domain Registration Service:				
<input type="checkbox"/> \$88 per year (.com, .net, .org) <input style="width: 150px;" type="text"/> Number of Year				
<input type="checkbox"/> \$0 Use My Existing Domain and update My Nameservers only. - ns1.ustrino.com - ns2.ustrino.com				
<input type="checkbox"/> \$0 No Domain Needed.				
Hosting Plan	Monthly Fee	3 Month Prepaid	6 Month Prepaid	12 Month Prepaid
RH01	<input type="checkbox"/> \$300	<input type="checkbox"/> \$810	<input type="checkbox"/> \$1440	<input type="checkbox"/> \$2520
RH02	<input type="checkbox"/> \$450	<input type="checkbox"/> \$1215	<input type="checkbox"/> \$2160	<input type="checkbox"/> \$3780
RH03	<input type="checkbox"/> \$800	<input type="checkbox"/> \$2160	<input type="checkbox"/> \$3840	<input type="checkbox"/> \$6720

3. Payment Method

<input type="checkbox"/> By Cheque	Payable to "Hostrino"
<input type="checkbox"/> By Bank Deposit	Hong Kong Bank # 507-360006-001

I declare that all the submitted information is correct and the stated terms & conditions has been read and agreed.
 Please fax this form to our office at **(852) 8237 6206** or E-mail support@ustrino.com .

 Authorized Signature and Company Chop

 Date

Hostrino
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