

VeriSign, Inc.

Registrar Credit Application

Company Name

Headquarters Address

Address Line 2

Address Line 3

Country

Postal Code

Telephone

Fax Number

Website URL

Billing Information

Billing Address

Address Line 2

Address Line 3

Country

Postal Code

Contact Name

Telephone

Chief Executive Officer

Contact Telephone

Email Address

Chief Financial Officer

Contact Telephone

Email Address

Company Legal Structure

(check one)

1. Incorporated

2. Partnership

3. Trust

4. Other (describe)

State/Province/Country formed in

Bank Reference

Address Line 1

Address Line 2

Address Line 3

Country

Account Number

Contact Name

Telephone

Credit Reporting Agency

Agency Reference Number

Payment Security

(check one)

1. Deposit Account

2. Letter of Credit

3. Payment Security Bond

Payment Security Amount * \$

* The amount of your Payment Security establishes your *Credit Limit* in the Shared Registration System. Your registration volume during a billing cycle may not exceed your credit limit. To help you monitor your credit balance, low balance notices will be sent to the routine email contact when your remaining credit balance falls below your pre-established threshold. Indicate your desired low balance notification threshold below.

Please set my notification threshold at \$_____.

The following statement must be signed by an authorized officer or director of the company applying for credit.
"I certify that the amount of my payment security reflects my anticipated level of registrations. I will modify my payment security to support increases in my registration volumes, as required by the Registry's Credit and Billing Policies. The above information is true and correct to the best of my knowledge and belief."

Signature of Officer/Director

Title

Date

Print Name