

# VeriSign, Inc.

## Registrar Credit Application

<b>Company Name</b>	
Headquarters Address	
Address Line 2	
Address Line 3	
Country	
Postal Code	
Telephone	
Fax Number	
<b>Website URL</b>	

<b>Billing Information</b>	
Billing Address	
Address Line 2	
Address Line 3	
Country	
Postal Code	
Contact Name	
Telephone	

<b>Chief Executive Officer</b>	
Contact Telephone	
Email Address	

**Company Legal Structure** (check one)

1. Incorporated

2. Partnership

3. Trust

4. Other (describe) \_\_\_\_\_

State/Province/Country formed in \_\_\_\_\_

<b>Chief Financial Officer</b>	
Contact Telephone	
Email Address	

Credit Reporting Agency \_\_\_\_\_

Agency Reference Number \_\_\_\_\_

<b>Bank Reference</b>	
Address Line 1	
Address Line 2	
Address Line 3	
Country	
Account Number	
Contact Name	
Telephone	

**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 \_\_\_\_\_% of my credit limit.

**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