



## doMEn Financial Information Form

### Company Information

Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
Address 3 \_\_\_\_\_  
Country \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Web Site URL \_\_\_\_\_

### Billing Information

Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
Address 3 \_\_\_\_\_  
Country \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_

### Company Legal Structure (check one)

- Incorporated
- Partnership
- Trust
- Other (specify)

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

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

Agency Reference # \_\_\_\_\_

### Chief Executive Officer

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### Chief Financial Officer

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Bank Reference**

Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
Address 3 \_\_\_\_\_  
Country \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone \_\_\_\_\_

**Payment Security (check one)**

- Deposit Account
- Letter of Credit

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 designated e-mail 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, or € \_\_\_\_\_.

***The following statement must be signed by and 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 billing and payment policies. The above information is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature of Officer/Director

Title:  
Date:

\_\_\_\_\_  
Print Name