



register.yourfavorite.com

Fax to: 617-249-0850

Domain Reinstatement Form

To reinstate your expired domain name registration account, return this completed form with your new payment information. Return of this form constitutes agreement to our terms of service which is posted online at: <http://yourfavorite.com/about/tos.htm>

Domain to be reinstated: _____

Item	Amount	Quantity
2 year domain name registration renewal [past due]	\$50	1
Late Fee	\$10	1
Reclaim Fee	\$100	1
Related telephone occurrences		

TOTAL PAYMENT INCLUDED: \$ _____ USD

Please allow 3 – 5 business days for domain name reinstatement. Upon reactivation of your account you must login to the domain name control panel to update all contact information and DNS settings. We are not responsible for out of date contact information or DNS delegation.

Online support is located at <http://yourfavorite.com/help>. Please include your domain name and a detailed summary of the issue with your query.

Registrant Information:

Credit Card Billing Address:

Name: _____

Company: _____

Address: _____

City, St, Zip: _____

Phone Number: _____

eMail Address for order confirmation: _____

Credit Card: _____ Exp: _____

Signature: X _____ **Date:** _____

I authorize yourfavorite.com to bill my payment as indicated above and fully understand that this payment is non-refundable as posted at http://yourfavorite.com/about/refund_policy.htm.

- Please charge my credit card for my payment **OR**
- I have taped a check to this form for my payment

[Tape Check Here and Fax]

Or if you prefer you may send your order and payment by mail to:
 register.yourfavorite.com, P.O. Box 230641, Boston, MA 02123

Please include all information requested on form, incomplete payment is not accepted. This form is good for one domain only. Form must be current revision. Phone support is not available for domain name reinstatement issues, related phone calls will be billed according to terms of service paragraph 3e.