

SIGN-UP FORM FOR I PHOTO CENTRAL®

Date _____ Account # _____

Contact _____

Company _____

Home/Charge Card Billing Address (include Street, City, State, Zip and Country)

Telephone (include area code/country code) _____

Fax _____

Email _____ Current URL, if you have one _____

Enrollment Fee.....	\$500.00
Monthly Fee (or total annual fee of \$3000 if paying by check).....	\$250.00
Domain Registration Administrative Fee (\$30) (if requested)	_____
Total	_____

Information/Address to Appear on the Web:

Company _____

Address (include Street, City, State, Zip and Country) _____

Telephone _____ Fax _____

Email _____

Method of Payment (Charges will be come through as "I Photo Central LLC" on the account)

Check # _____ Date _____ Amount _____

VISA MasterCard # _____ Exp. Date _____

Name on Card _____

Customer Signature _____

Date _____

Billing Address for Credit Card: _____
