

Web Hosting Subscription Form

(Please complete the form in BLOCK letters)

Section 1. Contact Information		
Contact:	Company:	
Address:		
Billing Contact:	National ID:	
Tel:	E-mail:	
Section 2. Service Plan		
	6-month prepayment	12-month prepayment
Solo	-	<input type="checkbox"/> \$5 x 12 = \$60
Biz	<input type="checkbox"/> \$20 x 6 = \$120	<input type="checkbox"/> \$20 x 10 = \$200
Pro	<input type="checkbox"/> \$50 x 6 = \$300	<input type="checkbox"/> \$50 x 10 = \$500
Add-Ons	<input type="checkbox"/> MySQL database <input type="checkbox"/> E-mail hosting	<input type="checkbox"/> Joomla CMS <input type="checkbox"/> Wordpress CMS
Domain Name:		
We have NOT registered the domain name above Register the domain name above using: <input type="checkbox"/> (.com/.net/.org). No. of Years: _____ <input type="checkbox"/> (.co.zw/.org.zw)	We HAVE registered the domain name above <input type="checkbox"/> Transfer the domain name above with 1 year renewal <input type="checkbox"/> Not required, we will update the DNS settings at our registrar.	
Section 3. Payment		
Payment Method <input type="checkbox"/> By Cash (payable at YoAfrica offices) <input type="checkbox"/> By Bank Deposit - (CABS --- Account No: 9012207872- copy of transfer must be emailed to billing@yoafrica.com)		
Section 4. Additional Information (optional)		
How did you hear about YoAfrica web hosting? _____ (e.g.: Search engine, Newspaper, Friend, Email, etc.) *please specify		

I declare that all the submitted information is correct and the stated Terms of Service and Acceptable Use Policy have been read and agreed.

Authorized Signature

Date