

DOMAINGUARD PASSWORD RECOVERY FORM

Please read the following instructions carefully. Hostway will not process incomplete or incorrect forms. Hostway will not contact you to inform you of an unprocessed form.

1. This Form must be completed and signed by the Registrant of the domain name.
2. If the Registrant is a company, this Form must be attached to a cover letter on company stationery/letterhead, and a cover letter AND this form must be signed by an authorized representative of the Registrant company. If the registrant is an individual, then a copy of a valid government-issued identification must be attached to the Form.
3. The information submitted in this Form must be true, accurate and complete.
4. The Registrant must CONFIRM the \$10 USD fee to change the DomainGuard email address.
5. This form must be faxed to **1-773-442-0566**
6. The payment for the change of email address must be successfully processed before Hostway can change your Domain Guard email address

Hostway will not process the form if it does not comply with the requirements above.

Domain Name: _____

Customer ID: _____

SiteControl password or last four digits of credit card on file: _____

New email address: _____

This will be the new email address to which DomainGuard password reminders are sent.

PAYMENT METHOD: **CREDIT CARD ON FILE** - We will charge the credit card on file for this domain name.

CHECK - Please make your payment payable and sent to:

Hostway Corporation
Attn: Billing Department
Hostway Billing Center
P.O. Box 3480
Chicago, IL 60654
(Please write your domain name on the back of the check)

PLEASE CHARGE CREDIT CARD BELOW

CARD HOLDER'S NAME: _____ CARD TYPE: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: ____ / ____ (mm/yyyy)

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME AND TITLE (Please Print): _____

SIGNATURE: _____ **DATE:** _____

** By signing, I authorize Hostway to charge my account \$10 USD to process my DomainGuard password recovery request.*