To: # Names.SC

From: ____

To place your request complete this form and either mail or fax it.

Mail to:

Names.SC
P.O. Box 40668
Charleston, SC 29423

Fax to:
Names.SC
(843)760-0003

Email any questions to a knowledgeable representative:

info@names.sc (We will respond within one business day.)

Choose Your Domain(s): **First Choice:**

www. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **.sc**

Second Choice:

www. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **.sc**

Third Choice:

www. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **.sc**

Contact Me

Phone Number: (   ) ______________________ Fax Number: (   ) ____________

Email Address: ____

Web site: ____

Personal Information

First Name: ____

Last Name: ____

Company: ____

Address: ____

City: ______________________ State: __________ Zip: __________