



Web-Site Hosting Move or Cancellation Form

Date: _____

1-800-862-LYNK
www.cyberlynk.net

Name: _____	Phone No. (____) _____
Address 1: _____	Alt. Ph. No. (____) _____
Address 2: _____	Fax No. (____) _____
City, State, Zip: _____	E-mail (other than CLSurf): _____

Account Information

Account ID: _____ Domain Name: _____

If cancelling additional services with CyberLynk, please select the corresponding box of your CyberLynk service to be cancelled.

<input type="checkbox"/> T1	<input type="checkbox"/> AIR	<input type="checkbox"/> ISDN	<input type="checkbox"/> Dial-Up
<input type="checkbox"/> Fract T1	<input type="checkbox"/> BusinessLynk	<input type="checkbox"/> Other: _____	

Reason for Move / Cancellation We ask for this section to be completed in efforts for us to better our service.

When you would you prefer move / cancellation to happen? within 24 hours specify date _____

I, _____, am authorizing the (circle one) move / cancellation of
 www. _____ from CyberLynk Network, Inc. I request CyberLynk to release
 www. _____, to (name) _____ located at
 _____.

I understand the billing for this domain will not end until I return this signed and dated form to CyberLynk. I understand it may take up to 24 hours for this request to be processed.

 Signature Printed Name & Title Date

<input type="checkbox"/> Moved	By: _____ / /	<input type="checkbox"/> Cancelled	By: _____ / /
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