

## Service Request and Authorization

Thank you for your interest in our services. We will get back to you promptly. Please provide as much information as possible, but leave blank what you are not sure about.

Please email or fax this form to: [theadmin@stopthehacker.com](mailto:theadmin@stopthehacker.com) or (888) 258-0540.

### PART I. PERSONAL AND WEBSITE INFORMATION

Target website:

Requester's Name:

Requester is or represents website owner: Y  N

Email:

Telephone:

### PART II. INITIATE SERVICE (Check all applicable):

Service	Terms	Fees
<input type="checkbox"/> Health Monitoring	Daily scan (or )	\$ /mo.
<input type="checkbox"/> Health Monitoring + VPA	Daily scan + two VPAs/year	\$ /mo.
<input type="checkbox"/> VPA scan on demand	no. scans	\$
<input type="checkbox"/> Penetration Testing	up to hours)	\$

Start date of Monitoring: (YYYY/MM/DD)

Duration (default 12 months):

For service initiation: By signing my name below, I agree that this is as valid as my signature and I have read and agree to the service agreement and I certify that I have the legal authority to request the service for the target website and know what the service entails.

Sign or Print:

Date:

### PART III. In the case of service initiation, provide the technical personnel contact information for the duration of the service (if different from person above):

Name :

Telephone:

Affiliation:

Email:

### PART IV. PAYMENT INFORMATION

Credit Card number:

Name of Card Holder:

Security Code: (three digits at the back of the card)

Expiration date (MM/YYYY):