INTERPAGE FAXTEST AND TAPTEST ACTIVATION FORM

Please PRINT the information below CLEARLY so that we can e-mail you your account information or contact you if needed.

Name/Company: ....

Address: ....

City, state, zip: ....

Day voice phone: ....

Evening voice phone: ....

Cellphone or pager: ....

Fax: ....

Email: ....

Rateplan: ....

The user ID will be your email address, e.g., myid@interpage.net. (If the ID you select is currently in use on our system, we will try to find something close to it. Feel free to include second and third choices.)

Preferred user ID: ....

This form may be used to activate a FAXTest or TAPTest service plan. Please indicate below the desired service and rateplan. Rateplan information may be found on the respective FAXTest (interpage.net/sub-faxtest.html) and TAPTest (interpage.net/sub-taptest.html) service overview pages.

FAXTest ☐   TAPTest ☐   Service Plan: ....

Please indicate the destination fax or TAP numbers to be tested, separated by commas: ....
....
....

Please indicate the times of day, week, etc, when the given fax or TAP numbers are to be tested: ....

I am aware of and fully understand all of Interpage's policies concerning my service with Interpage Network Services Inc. (INSI). I agree to abide by these policies, and understand that willful, negligent, or flagrant disregard for the policies set forth in the policy statement, or any other behavior which unreasonably compromises the stability, security, or operability of the Interpage system, will constitute sufficient grounds for immediate suspension and/or termination of service, at the sole discretion of INSI. I hereby waive all claims which I may assert against Interpage for service disruptions, outages, and difficulties, and understand and agree that I will not hold Interpage responsible for any losses, financial or otherwise, which I may experience as a result of a service difficulties.

I agree that if my account includes a contract service period (generally but not limited to a period of time during which I am required to maintain an account with Interpage) that I will make all payments up to and including the final payment of my contract term.

I agree that should I wish to cancel service I shall notify Interpage of my desire to do so in writing and that e-mail cancellations or concomitant correspondence will not be accepted. I understand that all cancellations will take place on the last day of a given billing cycle and that Interpage does not offer prorated cancellations.

I further agree that if paying by credit card that I will uphold the terms of my credit card agreement.

Please enclose a legible photocopy of BOTH SIDES of your credit card (REQUIRED for activation).

Credit Card Number: .... Exp. Date: .... Security Code: ....

Printed Name: .... Date: .... Signature: ....