



Phone: (650) 331-3900 / Fax: (650) 292-1600 / http://www.interpage.net

INTERPAGE OUTFAX ACTIVATION FORM

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

Address:
City, state, zip:
Day voice phone:
Evening voice phone:
Cellphone / pager:
Fax phone:
Email:

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 an Interpage OutFax(sm) account. The OutFax service sends text and attached files (DOC, RTF, PDF, XLS, and more) to any fax machine worldwide. OutFax faxes can be sent via standard e-mail or using the free Interpage Fax Client. Most OutFax plans provide delivery times of under a minute from when faxes are received by Interpage to when the destination fax machine commences reception .

More information is available at: http://www.interpage.net/sub-outfax.html

Please select one of the following rateplans below:

- Plan 001: \$10 per month, \$10 one-time set-up fee, 10 cents per minute within the US
Plan 008: \$50 per month, \$50 one-time set-up fee, 2 cents per minute within the US
Plan 006/Unlimited: \$250 per month, \$250 one-time set-up fee, unlimited faxing within the US
Plan 007/Corporate-Enterprise Unlimited: \$750 per month, \$750 one-time set-up fee, unlimited faxing within regions of the US, dedicated capacity, 6 month minimum commitment

Other plans are available at: http://www.interpage.net/faxing/interpage-fax-rates.html
"US" refers to the 50 US States and Washington, DC

If this is a new activation and/or change of credit card billing, please read this statement and sign it. (Signature is required for service.)

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 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).
(Plan 006,007,008 customers who prefer to pay by check please contact Interpage at (510) 315-2750)

Credit Card Number: Exp. Date: Security Code:
Printed Name: Date: Signature:

When complete, please fax this form and card copies to +1 (650) 292-1600, or mail a scan of the completed form to: scan-form@interpage.net