



INTERPAGE™ NETWORK SERVICES INC.

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

INTERPAGE MESSAGING/PAGING GATEWAY TRIAL ACTIVATION FORM

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

This form provides information to activate a week-long free trial for Interpage's Enterprise Messaging/Paging Gateway service. Prospective customers who are interested in other messaging/paging services please see the Generic Trial Signup page for details and activation.

To activate a free Messaging/Paging Gateway trial account, please print out the form below, fill out all the indicated fields (clearly writing your e-mail address), sign it, and fax it back to +1 (650) 292-1600, or send a scan of it to: scan-form@interpage.net .

Upon receipt, we will activate a trial account, and send you written confirmation and usage instructions via e-mail.

Our Terms of Service may be reviewed on Interpage's Terms of Service and Policies page, or via telnet access by logging in to interpage.net as a guest without using a password.

If you have any questions about signing up, or other questions about our services, please use our Support/Inquiry Submission Page, or call +1 (650) 331-3900. Our fax number is +1 (650) 292-1600. (An alternate fax of +1 (617) 850-0420 is also available.)

Thank you for your interest in Interpage!

Address:
City, state, zip:
Day voice phone:
Evening voice phone:
Cellphone / pager:
Fax phone:
Email:
Rateplan: **MESSAGING/PAGING GATEWAY TRIAL 00FT**

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. (Signature is required for activation of the free trial account)

Printed Name:.....

Date:..... Signature:.....

Mailing Address:

Interpage Network Services, Inc.
Mail Stop 2001 Attn: Activations, Building #2
Box 4022
Hartford, CT 06147

Fax Signup: +1 (650) 292-1600, alternate: (617) 850-0420 (please specify "Trial Activations" on your cover sheet to all faxes sent to the 617 fax number).

A scan of the completed form may be mailed to: scan-form@interpage.net