



INTERPAGE™ NETWORK SERVICES INC.

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

INTERPAGE OUTVOICE NOTIFICATION TRIAL 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 / pager:
Fax phone:
Email:

This form may be used to activate an Interpage OutVoice week-long trial account. The OutVoice service accepts text messages, e-mails, and WAV files, and reads or plays back the messages or WAVs to destination voice (landline and cellular) telephones or deposits them into voicemail systems.

OUTVOICE NOTIFICATION/BROADCAST TRIAL

OutVoice Service Plan:

Additional information is available at: http://www.interpage.net/sub-outvoice.html

http://www.interpage.net/interpage-outvoice-config-codes.html

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.

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

If you have any questions, please call +1 (510) 315-2750, M-F, 9AM to 5:30PM, Pacific Time.