

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

## INTERPAGE OUTFAX ACTIVATION FORM

Please PRINT the information below C	CLEARLY so that we can e-mail you your account information or contact you if needed.
Address:	
Evening voice phone:	
Pager for us to reach you at:	
Fax phone:	
Email for us to reach you at:	
The user ID will be your email address, e.g., my t. Feel free to include second and third choices	yid@interpage.net. (If the ID you select is currently in use on our system, we will try to find something close to 3.)
Preferred user ID:	
o any fax machine worldwide. OutFax faxes o	ge OutFax(sm) account. The OutFax service sends text and attached files (DOC, RTF, PDF, XLS, and more) can be sent via standard e-mail or using the free Interpage Fax Client. Most OutFax plans provide delivery received by Interpage to when the destination fax machine commences reception.
More information is available at: http://www.ii	nterpage.net/sub-outfax.html
Please select one of the following rate	plans below:
Plan 001: \$10 per month, \$10 one-	time set-up fee, 10 cents per minute within the US/Canada
Plan 008: \$50 per month, \$50 one-	time set-up fee, 2 cents per minute within the US/Canada
Plan 006/Unlimited: \$250 per mont	th, \$250 one-time set-up fee, unlimited faxing within the US OR Canada
Plan 007/Corporate-Enterprise Unl regions of the US or Canada with o	imited: \$795 per month, \$250 one-time set-up fee, unlimited faxing within dedicated capacity, 6 month minimum commitment
Other plans are available at: http:// "US" refers to the 50 US States and	www.interpage.net/faxing/interpage-fax-rates.html d Washington, DC; Canada rate applies to Mainland Canada, NS, and PEI
f this is a new activation and/or change of cred	lit card billing, please read this statement and sign it. (Signature is required for service.)
policies, and understand that willful, negligent, compromises the stability, security, or operability service, at the sole discretion of INSI. I hereby	age's policies concerning my service with Interpage Network Services Inc. (INSI). I agree to abide by these or flagrant disregard for the policies set forth in the policy statement, or any other behavior which unreasonably by of the Interpage system, will constitute sufficient grounds for immediate suspension and/or termination of waive all claims which I may assert against Interpage for service disruptions, outages, and difficulties, and age responsible for any losses, financial or otherwise, which I may experience as a result of a service
	ervice period (generally but not limited to a period of time during which I am required to maintain an account to and including the final payment of my contract term.
	all notifiy Interpage of my desire to do so in writing and that e-mail cancellations or concomitant and that all cancellations will take place on the last day of a given billing cycle and that Interpage does not offer
further agree that if paying by credit card that	I will uphold the terms of my credit card agreement.
	prefer to pay by check please contact Interpage at (510) 315-2750)
Credit Card Number:	Exp. Date: Security Code:
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