



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

**INTERPAGE DIRECTPAGE, FAXUP & VOICEMAIL TRIAL 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: ..... TRIAL

Please indicate the service trial (e.g., DirectPage, FaxUp, or Voicemail) desired:

Trial Type: .....

Current Cellular Provider/Carrier (eg, Verizon, AT&T Wireless, etc): .....

Upon receipt and approval, Interpage will activate a trial account for the service type indicated above.

The trial will commence upon receipt of the "Welcome" email message sent from Interpage containing your trial account's details, and continue for 7 days, after which it will automatically terminate.

If you do NOT receive a "Welcome" message from Interpage after 2 business days of the submission of this completed form, please check spam filtration, junk folders and/or your firewall to ensure that "interpage.net" is not being blocked, or contact us during business hours at +1 (510) 315-2750.

When complete, you may submit this form via:

Fax: +1 (650) 292-1600
EMail/Scan: scan-form@interpage.net

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.

Please print, date, and sign your name below (REQUIRED for activation).

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

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