



INTERPAGE™ NETWORK SERVICES INC.

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

**INTERPAGE ONE-TIME CREDIT CARD PAYMENT FORM**

Address: .....  
City, State, Zip: .....  
Day voice phone: .....  
Evening voice phone: .....  
Cellular Phone: .....  
Fax number: .....  
Email for us to reach you at: .....

Current Interpage USERID (the USERID is the account name which is used to mail to, log into, or access Interpage’s web site; it can be found in the upper left portion of any Interpage invoice):

USERID: .....

Amount to be charged: Please indicate the US dollar amount you wish to have billed to your credit card. (Note: Accounts which are Past Due may not make a partial payment less than the full/current amount due in order to prevent service suspension / cancellation)

AMOUNT: \$.....

NOTE: All one-time credit card payments are subject to an additional 4% processing fee calculated from the “AMOUNT” indicated above.

If you have any questions, please call (510) 315-2750 during Pacific Business Hours for assistance.

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 further agree that I will uphold the terms of my credit card agreement.

Please enclose a legible photocopy of BOTH SIDES of your credit card (REQUIRED to complete payment).

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.