



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

**INTERPAGE MESSAGING/PAGING GATEWAY 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: .....

The user ID will be your email address, e.g., myid@interpage.net. (If the ID you select is currently in use on our system, we will try to find something close to it. Feel free to include second and third choices.)

Preferred user ID: .....

This form may be used to activate an Interpage Messaging/Paging Gateway account. The Gateway service accepts SMTP (emailed) messages and alerts from any web-connected device, such as web sites, cloud-based servers, online ordering systems, desktops/laptops, etc., and places them on wireless messaging devices, such as cellular telephones, tablets, alpha pagers, numeric pagers, and smartphones. Multiple servers may utilize the gateway to send messaging and paging traffic; to have additional servers (or email addresses) initially included during account set-up, please indicate the given email address (a@b.com) or entire domain (@b.com) where a given server resides. (This can be changed at any time after account creation.)

Addresses or Domains authorized to use the Gateway Service: .....

Please indicate the Messaging/Paging Gateway plan desired: the default plan is "001". Other plans are detailed at:

http://www.interpage.net/interpage-messaging-and-paging-rates.html

Messaging/Paging Gateway Plan #.....

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.

I agree that if my account includes a contract service period (generally but not limited to a period of time during which I am required to maintain an account with Interpage) that I will make all payments up to and including the final payment of my contract term.

I agree that should I wish to cancel service I shall notify Interpage of my desire to do so in writing and that e-mail cancellations or concomitant correspondence will not be accepted. I understand that all cancellations will take place on the last day of a given billing cycle and that Interpage does not offer prorated cancellations.

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

**Please enclose a legible photocopy of BOTH SIDES of your credit card (REQUIRED for activation).**

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, or mail a scan of the completed form to: scan-form@interpage.net