



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

INTERPAGE CREDIT/DEBIT CARD UPDATE FORM

This form may be used to update or initiate credit/debit card and/or general billing and contact information for current Interpage subscribers.

Customers paying by credit/debit card who are updating to a card from the same issuing bank, or updating an American Express card, need not submit this form and may call in the new card to +1 (510) 315-2750, M-F, 9-5:30 Pacific Time. (If both the new and old cards have the same first 4 digits, the issuing bank is the same.)

For credit card updates which do not fall under the above criteria, please complete the form below and enclose a copy of both the front and back of the new credit card to be used for recurring billing. WE CAN NOT PROCESS AN UPDATE FROM DIFFERENT ISSUING BANKS WITHOUT A LEGIBLE COPY OF BOTH SIDES OF THE GIVEN CARD.

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) or last Invoice #:

USERID or Last Invoice #:.....

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 update).

Credit Card Number: Exp. Date: Security Code:

Printed Name: Date: Signature:

If you wish to update any additional account or contact information, please do so below:

Name/Company:

Address:

City, state, zip:

Day voice phone:

Evening voice phone:

Cellphone or pager:

Fax:

Email:

Rateplan:

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