



Fax Broadcast/WebFax
Service Activation Form

SGL CORPORATION dba iFax Broadcaster

Directions: Please fill out form completely and fax to: 1-650-237-0468
Date: _____ Time: _____ Please check the desired service: **In-house Broadcasting** **Web-Fax**

Company Information

Company Name _____
 dba _____
 Business Type or SIC _____
 Please check the appropriate description: Partnership Franchise Corporation Other
 Primary Broadcast Contact _____
 Address _____
 City, State, Zip _____
 Phone _____
 Fax _____
 E-mail _____ Web Site _____
 Requested Login Name _____
Billing Address (if different)
 Company Name _____
 Primary Billing Contact _____
 Email Address (to receive invoices) _____
 Phone _____ Fax _____

Credit Information

Name (as it appears on card) _____
 Credit Card Type: Visa Master Card Discover
 Credit Card Number _____ Expiration Date _____
 Billing Address for Credit Card (if different from billing address listed above)

 Billing Email Address (for e-receipt) _____
 I authorize charges to be made to the above credit card, in return for services rendered by SGLC Corporation, including pre-payment as detailed in the "Payment Options" section and/or actual delivery charges.

 (Signature of card holder) _____ (Date)

Payment Options

First broadcast job to be either pre-paid or charged to credit card.
 After credit has been established with SGLC, charge account may be set up upon approval of credit application.
 Credit limit to be determined on a case-by-case basis. (Client to be charged for credit report cost.)
 Prepayment is required for all non-U.S. based companies.

Rates and Fees

Infocast CDM Set Up Fee	No Charge (Include Web Training)
Standard Transmission Reports	No Charge
Standard Billing Reports	No Charge

Fax Rate USD\$0.08 / min (6 second increment) for both web-fax and in-house service

* 65% minimum connection charge for broadcast (Free list clean up and area code updates to help yield high success rate)

Automated Removal Service

Use SGLC Removal Service Use Own Removal Number: () -

Customer represents and warrants that (i) the Automated Removal Service and associated charges have been clearly explained, (ii) Customer understands the service, (iii) Customer is solely responsible for any actions that result from the use of this service and (iv) Customer understands that SGLC reserves the right to withhold delivery from any individual or organization who declines the use of this service, **unless the client provides his/her own phone/fax number for removal purposes and manages his/her own removal requests.***

Customer Signature _____ Date _____

* Please note that any document provided without a removal statement will automatically incur the Automated Removal Service charge for all In-House Broadcasting jobs. SGLC may add removal statements as necessary to any documents received from the customer prior to transmission, especially if the customer has not provided his/her own removal statement. Customer is solely responsible for adding removal statements to any WebFax/Infocast and DocUfax fax transmissions. SGLC may immediately discontinue service if it finds that Customer is not using any form of removal statement on documents being transmitted through SGLC's network, unless the customer has provided SGLC with the signed waiver form.

Terms and Conditions:

Customer represents and warrants that (i) Customer is the sole author of the content provided, (ii) Customer has the legal right to redistribute this content without infringing any third party proprietary rights, (iii) the redistribution will not violate any local, state or national law or regulation applicable at the points of origin or receipt and (iv) Customer is solely responsible for compliance with any such law or regulation.

SGL CORPORATION BELIEVES IN RESPONSIBLE COMMUNICATIONS. WE WOULD LIKE TO REMIND OUR CUSTOMERS TO READ THE US CODE TITLE 47>CHAPTER 5>SUBCHAPTER II>PART 1>SEC. 227 (b) (1) (c) IN REFERENCE TO SENDING UNSOLICITED ADVERTISEMENT VIA FAX.

Customer shall indemnify, defend and hold SGLC and its officers, directors, employees and agents harmless from and against any loss, claim, damage or liabilities (including attorney's fees and costs) that may be asserted by any third party that may result from any third party claims arising out of this content distribution or Customer's breach of the above representation and warranty.

In the event of an error in the transmission of the content, SGLC will at its option and expense either repeat the transmission or refund Customer the amount paid for the content distribution job. The above is Customer's sole and exclusive remedy for breach of warranty by SGLC. SGLC MAKES NO OTHER WARRANTY OF ANY KIND, EXPRESS, IMPLIED OR STATUTORY (INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF NONINFRINGEMENT, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE).

NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS AGREEMENT, SGLC'S LIABILITY TO CUSTOMER UNDER THE DISTRIBUTION JOB IS LIMITED TO THE AMOUNTS PAID TO SGLC FOR SUCH DISTRIBUTION JOB. FURTHERMORE, SGLC WILL NOT BE LIABLE TO CUSTOMER OR ANY OTHER PARTY FOR ANY LOSS OF USE, INTERRUPTION OF BUSINESS OR ANY SPECIAL, INCIDENTAL, EXEMPLARY OR CONSEQUENTIAL DAMAGES OF ANY KIND (INCLUDING LOST PROFITS), REGARDLESS OF THE FORM OF ACTION, WHETHER IN CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT PRODUCT LIABILITY OR OTHERWISE, EVEN IF SGLC HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. The foregoing provisions limiting damages and excluding consequential damages are independent of the above exclusive remedy.

Customer Authorization:

By initiation of a distribution from my account, I authorize SGLC to transmit my document(s) to all destinations in the registered list(s)* selected. I agree to pay in full for all services rendered. SGLC, at its own discretion, may discontinue service any time there is a failure to fulfill payment on my account.

Customer Signature _____ Date _____

Printed name _____

***SGL Corporation is not in the business of selling fax numbers. SGLC will not use or resell customers data.**

For Office Use Only	Plan: _____	PO: _____	SAM: _____	AT _____
Acc't #:	_____		pw:	_____
SID:	_____		pw:	_____
CDMSID:	_____		pw:	_____