



WEBSITE / E-COMMERCE ORDER FORM

Company _____ Order Date _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax Number () _____ Toll Free Number: _____

- Options & Costs:** PagePilot Website (includes E-Commerce) \$134/Month + \$395 Startup Fee
 E-Commerce Only (works with any website) \$49/Month + \$99 Startup Fee

*Pricing includes site hosting using a new domain name or your current web address, 25 email accounts, spam filtering management and annual renewal of one domain name (.com, .net, .biz) if transferred to host account, use of the PagePilot web generation system, bandwidth, system updates and technical support. Internet access not included. Service may be cancelled at any time with 30 days written notice. See <http://terms.online-access.com> for full terms and conditions. Online-Access offers a 100% money-back guarantee based on the user's complete satisfaction with the product for the first 30 days of subscription. All funds U.S.

I understand and accept above terms

Ordered by _____ Title: _____ Email: _____

How did you hear about us? _____

Billing Information:

Visa MasterCard AMEX Card No. _____ Expiration _____

Name on Card _____ Cardholder's Signature **X** _____

Card Verification No.# ____ ____ ____ ____ (Visa or Master Card uses last 3 digits by signature on back—AMEX uses 4 digits on front of card)

Card Billing Address (if different) _____ Zip Code _____

Indicate Preferences for your PagePilot Access (include no spaces or punctuation, please).

Contact Name for PagePilot Access: _____ Email Address: _____

Please set login as: _____ set password as: _____ (case sensitive, 6 character minimum)

Domain name (web address): www. _____

If Requesting a PagePilot Web Site: (Do not complete this section if ordering E-Commerce Only)

Please PRINT answers. Information provided can be edited out by you later if you do not wish to use it.

- Domain Name above is: Owned by Company Wanted (Please Register) Please call me to discuss available options.
- Shortened version of company name (if used): _____
- Company slogan: _____
- Name of your maintenance program: _____
- Year company founded: _____ Number of employees: _____
- Geographic area you service _____
- Manufacturers represented by company: _____
- Hours (indicate office, emergency, etc.): _____
- Services offered (check all that apply): HVAC Plumbing Electrical Residential/Light Commercial Commercial

Complete all Fields, Print, Sign and Fax Order Form to (810) 966-4766

Questions? Call 1-888-966-4785