



E-Commerce | Website | BoastHost Order Form

Company _____ Order Date _____

Address _____

City _____ State _____ Zip Code _____

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

- Options:**
- PagePilot Standard Website* \$149/Month + \$395 Startup
 - PagePilotPlus Website* (Valet service + Local Search Optimization) Add \$99/Month
 - E-Commerce Only (works with any website) \$49/Month + \$99 Startup
 - BoastHost Only (works with any website) \$195/Year



*PagePilot includes E-Commerce, BoastHost, 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 if transferred to Online-Access 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: _____

How did you hear about PagePilot? _____

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 _____

To **auto-debit** charges (U.S. only), fax along with order form a copy of voided check payable to Online-Access for the amount to be debited monthly.

Complete this section only if ordering PagePilot E-Commerce or a PagePilot Website

Contact Name for PagePilot Access: _____ Email Address: _____

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

Domain name (web address): www. _____

Complete this section only if ordering a PagePilot Website

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

Complete all Fields, Print, Sign and Fax Order Form to (810) 985-0954

Questions? Call 1-888-966-4785