

CRAWFORD PERSPECTIVES 800 SERVICE SIGNUP FORM

TO: _____	FAX#: _____
RE: Crawford Perspectives 800 Service	DATE: _____

Thank you for your interest in **Crawford Perspectives**. You must use a touch-tone telephone to access this service. **InfoVision, Inc.** will bill you monthly by either Visa or MasterCard every time you access the Crawford Perspectives 800 Service.

The 800 number for Crawford Perspectives is: 1-800-280-7416
Cost is: \$4.30 per call


Please complete this entire form and return it via **fax to (970) 484-4840**, or mail to: InfoVision, Inc., PO Box 2124, Fort Collins, CO 80522. **If your sign-up card is received before 3:00 MT, M-F, then this service will be active the day it is received.** All 800# subscribers will be contacted directly with ID and Passcode information. If you have any questions regarding the sign-up procedure, please call **InfoVision, Inc.** at (970) 224-4441 ext. 2.

If you have any questions regarding the format and content of the Crawford Perspectives updates, please call the Crawford Perspectives office at (212) 744-6973.

We recommend you keep a copy of this form for your records.

How would you prefer we contact you with your ID and Passcode Numbers:

Please select one: E-MAIL ME: _____ FAX ME: _____ CALL ME: _____ LEAVE ON MY VOICE MAIL: _____
(clearly print your e-mail address)

	<h2>Subscriber Services Sign-up Card</h2>
	I, _____, of _____ (please print name as it appears on credit card) _____ (Company Name) _____ (Street Address) _____, _____, _____ (City) (State) (Zipcode) Phone: (____) _____ - _____
hereby subscribe to InfoVision's Subscriber Services and agree to pay InfoVision, Inc. , 425 W. Mulberry St., Ste 108, P.O. Box 2124, Fort Collins, CO 80522-2124, the charges for the Subscriber Services and hereby authorize InfoVision, Inc. to bill my credit card for complete payment for those charges using my <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card #: _____ Expiration Date: ____/____ to submit those charges to any financial institution for payment without my signature. IT IS SO AGREED.	
BY: _____ Date: _____ (Signature)	
Please note: Your credit card statement will reflect a charge to InfoVision, Inc.	