

HELIA ADVISORY 800 HOTLINE

TO: _____

FAX#: _____

RE: Helia Advisory Hotline Service

DATE: _____

Thank you for your interest in **InfoVision's Subscriber Services**, offering the **Helia Advisory Hotline** service. You must use a touch-tone telephone to access this service. **InfoVision** will bill you monthly by either Visa or MasterCard every time you access The Helia Advisory Hotline service. **Please note that your credit card statement will reflect a charge to "InfoVision, Inc. – Financial"**

The 800 number for The Helia Advisory Hotline Service is: 1-800-521-0050

Cost is: \$3.00 per call

Please complete this entire form and return it via **fax to (970)-484-4840**, or mail to: InfoVision Subscriber Services, P.O. Box 2124, Fort Collins, CO 80522-2124. **If your sign-up card is received before 3:00 p.m. 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 at (970)224-4441, Ext. 2.

If you have any questions regarding the format and content of The Helia Advisory Hotline Service updates, please call the Helia Advisory service at (800)231-4820.

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



Subscriber Services Sign-up Card

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

MasterCard 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. - Financial