

Creative Innovations Marketing, Ltd.

CIM Customer Care Center

The CIM Customer Care Center is available for members that require technical assistance in respect to fax broadcasting with WinFax Pro.

Contact the CIM Customer Care Representative for an appointment by phone, fax or email.

Patrick Avery, CIM Customer Care Representative

Phone: 303-420-9360 Cell: 303-570-6067 Fax: 303-422-6381 or 303-265-9748

Email: customercare@cimonline.com

With CIM Customer Care, you will receive step-by-step assistance to help you set up WinFax software for broadcasting, import fax numbers, create groups, etc. You'll be up & running in a snap.

If you have something specific that you are having difficulty with, our customer care representative is available to assist you with a solution.

The CIM customer care representative can even dialup into your computer using PCAnywhere and provide you with visual guidance.

PCAnywhere is another Symantec software application that will allow a CIM representative help you just as if we were actually sitting with you at your computer. Hakuna Mataka, No Worries - because PCAnywhere includes security features for your protection.

A 30-day evaluation copy of PC Anywhere can be downloaded from the internet (instructions for downloading are included in your Personal Fax Broadcasting Kit). If you do not have internet access or prefer to install the software from a CD, you can also get the evaluation software from CIM. (PC Anywhere is included on the WinFax Pro Trial CD)

WinFax Pro Technical Assistance rates are as follows:

- ◆ \$25 per hour - Telephone Support and/or PC Anywhere dial-up
- ◆ 1/2 hour minimum followed by 15 minute increments thereafter
(Note: 5% surcharge for payments by credit card)

Note: Similar to other companies that offer technical assistance, when contacting our CIM Customer Care representative, the member is responsible for any long distance charges. Long distance charges incurred for technical support with a dialup are included in the price. If a CIM representative replies to your message requesting technical assistance, the representative will contact you as soon as they are available and ask that you call them back to receive technical support.

CIM Customer Care Center
Technical Support Assistance Request

Customer Name: _____ CIM ID # _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: (_____) _____ Fax #: (_____) _____
 Email Address: _____

Check By Fax: Complete a check-by-fax authorization form.

Fax this form & your check-by-fax authorization form to: Patrick Avery @ **303-422-6381**

If Paying By Credit Card: (A 5% surcharge applies)

Charges on your credit card statement will appear from TaraPlus Marketing

Complete the information requested below & fax it to: **Patrick Avery @ 303-422-6381**

Charge my VISA Mastercard American Express Discover

Name, exactly as on card (please print): _____

Card Number: _____ Expiration Date _____

Signature: _____ Date: _____

CIM Customer Care(Telephone support &/or PCAnywhere dial-up) \$25.00 per hour

Indicate The Phone Number Connected To Your Computer (_____) _____

Exact Billing Amount Will Be Calculated & processed upon completion of technical assistance segment

Do Not Write In This Area - To Be Completed By CIM Customer Care Representative

Date of Technical Assistance Segment: _____ Begin Time: _____ End Time: _____

Total Amount Calculated/CBF: \$_____ Total Amount Calculated/CC (+5%): \$_____

Terms & Conditions

I _____, have requested and give authorization for a representative of Creative Innovations Marketing, Ltd., herein referred to as CIM, to dial up into my computer using PC Anywhere software to provide me with training to fax broadcast using WinFax Pro. I understand that I must be present at my computer for a CIM representative to dialup and that the representative will access only WinFax Pro. I also agree not to hold CIM or it's representative liable for any incidental, indirect or consequential damages of any kind. I understand that in the event that a CIM representative is unable to help me and refers me to Symantec Corporation, I agree to pay CIM the the customer care fee for time spent with a CIM Customer Care Representative.

I also understand that I will be billed a minimum of 1/2 hour and that any additional time will be billed in 15 minute intervals.

In the event that I pay with a credit card, I understand that I will be charged an additional 5% of the exact amount calculated.

I hereby give authorization for Patrick Avery/TaraPlus to charge my credit card provided or process a check-by-fax for the exact billing amount calculated upon completion of my technical assistance segment.

Date

Signature

Creative Innovations Marketing, Ltd. ♦ 11125 Park Blvd., Suite 104-134 ♦ Seminole, FL 33772

Phone: 727-393-7724 Fax: 727-398-3790 or 888-830-9736 Email: support@cimonline.com

Customer Care/Tech Support: Phone: 303-420-9360 Cell: 303-570-6067 Fax: 303-422-6381 or 303-265-9748

Email: customercare@cimonline.com

Creative Innovations Marketing, Ltd.

11125 Park Blvd., Suite 104-134

Seminole, FL 33772

Customer Support: 727-393-7724 Fax: 727-398-3790/888-830-9736

Email: support@cimonline.com

Customer Care Email: customercare@cimonline.com

Check By Fax - Authorization Form

Based on your authorization, your banking information will be kept confidential. A check draft will be produced as a replacement for the amount of your payment. Note: This check draft will be treated as if you had mailed it in. The check draft will be deposited and it will be processed through your bank for payment, just as one of your checks in your checkbook.

Please complete the following:

I, _____ (name - please print) give Patrick Avery permission to use check # _____ in order to debit my account in the amount of \$ _____, in the check-by-fax program as described above.

(Signature)

(Date)

Tape your check below and fax your order form along with this check-by-fax authorization form to: **303-422-6381 or 303-265-9748**

TAPE CHECK HERE

Keep these original copies for your records
It is NOT necessary to mail your order form & check

Please write the routing & account number shown on your check for verification, as the clarity of numbers is sometimes lost during a fax transmission.

Routing # _____ (1st set of 9 numbers on the bottom of your check)

Account # _____ (2nd set of numbers on the bottom of your check - NOT including ck nbr)