



Schedule A

IMS List Management Services

File Distribution Service

The Prices below do not include subscription to the files, File Subscriptions must be purchased separately

Annual Subscription for Automated File Delivery Service of selected products to subscriber's secure FTP server will expire concurrently with the product subscription. Annual subscription pricing is per file.

Please indicate which files you would like to have automatically delivered to your secure ftp server:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Wireless Ported Number File | (Daily: \$1,200) |
| <input type="checkbox"/> Wireless Block Identifier | (Semi-Monthly: \$900) |
| <input type="checkbox"/> SFPP – Prison File | (Every 4 months: \$600) |
| <input type="checkbox"/> VoIP Block Identifier | (Semi-Monthly: \$900) |
| <input type="checkbox"/> TCPA Audit/litigation Pkg | (Daily: \$2,400) |
| <input type="checkbox"/> DDNC - Deceased DNC | (Monthly: \$700) |
| <input type="checkbox"/> RRDF – Recently Recorded Deceased | (Monthly: \$700) |
| <input type="checkbox"/> EasyID | (Semi-Monthly: \$900) |
| <input type="checkbox"/> MPS | (Monthly: \$700) |
| <input type="checkbox"/> TPS | (Quarterly: \$600) |
| <input type="checkbox"/> PA – TPS | (Quarterly: \$600) |
| <input type="checkbox"/> WY – TPS | (Quarterly: \$600) |
| <input type="checkbox"/> EMPS | (Quarterly: \$600 or Weekly: \$1,000) |
| <input type="checkbox"/> Foreign – MPS | (Monthly: \$700) |

Total Annual Subscription Price \$_____

American Express Master Card VISA Check enclosed

Cardholder or Authorized signature

Printed Name of Authorized Cardholder

Credit Card number

Expiration date

Make Checks Payable To:

**Interactive Marketing Solutions
1177 Summer Street
Stamford, CT 06905**

**Fax Credit Card Payment To:
Fax: 203-653-2767**

Please Complete the Following Information:

Hostname or IP Address of SFTP server: _____

Username: _____

Password: _____

Directory to deposit file into: _____

Time of day to receive the file: _____

(*must be after 5am)

File to Receive: See Schedule A

Frequency: See Schedule A

Technical Contact Information

Name: _____

Email Address: _____

(*required – Public key sent to this address)

Telephone Number: _____

User id: _____

(IMS login name)

Note:

The receiving server must be an SFTP (secure FTP) server, must allow incoming connections from 209.61.193.136 and must support public key authentication. We will generate the key for you.