AUTHORIZATION TO PRODUCE DOCUMENTATION AND RECORDS

I am a customer of Westfax, Inc. My name and other information are set forth below by my signature. I understand Westfax, Inc. has been requested to provide certain documents and information relating to me and my account pursuant to a written request or subpoena. I certify that I am the owner of the company that is a customer of Westfax, Inc. and that I have read and understand the contents hereof and that I have the power and authority to execute this authorization.

I hereby consent and authorize Westfax, Inc. to produce to the party making a written request or to the party issuing a subpoena any and all information requested and/or related to my account, including but not limited to, my name, address, telephone and facsimile numbers, email addresses, orders, billing and payment information and the content of all other electronic files maintained by Westfax, Inc. related to me or my account.

I release and hold Westfax, Inc. harmless from the disclosure of such information and waive on my behalf and on behalf of my successors, heirs and assigns any and all claims and damages resulting directly or indirectly from Westfax, Inc.'s disclosure of any information relating to me or my account.

Customer:

Customer address, Email address and phone nu	mber:
Customer signature and title):	
In order for this authorization to be effective, Inc. at 8085 S Chester St. Suite 270 Centennial	it must be signed, notarized and sent to Westfax, CO 80122
STATE OF) ss. County of)	
County of)	
personally appeared said person and provided person whose name is subscribed to the with	(insert name and title), to me satisfactory evidence that he or she is said in instrument and acknowledged that he or she itained. IN WITNESS WHEREOF, I hereunto set
	Notary Public
My Commission Expires:	