

InTRAC FORM C

RESELLER SURCHARGE REMITTANCE FORM

Name of Company _____

<u>Year</u>	<u>Month</u>	<u>Surcharge</u>	<u>#Lines</u>	<u>Portion Prorated</u>	<u>Amount Tendered</u>
_____	_____	<u>\$0.03</u>	_____	_____	_____

I affirm that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Authorized Signature

Printed Name

Telephone Number

Make checks payable to: InTRAC

Mailing Address: InTRAC
7702 Woodland Drive, Suite 250
Indianapolis, IN 46278
317-334-1413
877-446-8722 toll free

effective 4/1/05