

advancedmediadesign<sup>INC.</sup>  
**FIREWALL TRAVERSAL FORM**

ENDPOINT TYPE	E.164 ALIAS	IP ADDRESS	AMD-FW512 UP TO 512KBPS/CALL	AMD-FW1000 UP TO 1 MBPS/CALL	AMD-FW2000 UP TO 2 MBPS/CALL
_____	_____	_____	<input type="checkbox"/> \$150/MONTH	<input type="checkbox"/> \$200/MONTH	<input type="checkbox"/> \$250/MONTH
_____	_____	_____	<input type="checkbox"/> \$150/MONTH	<input type="checkbox"/> \$200/MONTH	<input type="checkbox"/> \$250/MONTH
_____	_____	_____	<input type="checkbox"/> \$150/MONTH	<input type="checkbox"/> \$200/MONTH	<input type="checkbox"/> \$250/MONTH
_____	_____	_____	<input type="checkbox"/> \$150/MONTH	<input type="checkbox"/> \$200/MONTH	<input type="checkbox"/> \$250/MONTH
_____	_____	_____	<input type="checkbox"/> \$150/MONTH	<input type="checkbox"/> \$200/MONTH	<input type="checkbox"/> \$250/MONTH

My Advanced Media Design Dealer is \_\_\_\_\_

Please list each endpoint videoconferencing system (codec) separately. Each endpoint must have a unique E.164 Alias and H323 ID when compared to the other systems registered to the AMD Firewall Traversal system, so we may work with you to assign an appropriate number. A single license cannot be shared between systems. Custom pricing is available if you would like to connect your bridge or Gatekeeper to AMD's Firewall Traversal system.

**credit card authorization terms**  
 By my signature, I hereby authorize Advanced Media Design to charge my credit card each month for the monthly service charges as selected above.

I am aware that this service is paid 30 days in advance. I can cancel at any time however no refund will be issued. If I exceed my selected plan, I will be charged for the higher rate plan that matches my calls starting immediately and continuing forward.

**credit card authorization**

**Name on Credit Card:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Credit Card Billing Address**  
 \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number associated with Credit Card**  
 \_\_\_\_\_

**Signature of Card Holder:**  
 \_\_\_\_\_

**Clearly Print Name:**  
 \_\_\_\_\_

**Date:** \_\_\_\_\_

Once completed, please fax this form to 805-480-3770. Complete, sign and fax the form without the credit card information if you wish to provide the credit card information over the phone -call us at (805) 480-3700 and ask for Order Processing. Thanks!