



Account Order and Update Form

e-mail address _____

- this will be your log in / user name (all faxes arrive here)

Existing FAXtopia # (for renewals) _____

Billing Information:

Name _____

Billing Address _____

City, State, Zip _____

Phone # _____

Credit card type: Master Card Visa Discover Amex

Credit Card # _____

Expiration date _____ CVV # _____

I agree to monthly billing of \$9.95 for FAXtopia Web Fax Services.
You can cancel your account anytime with no cancellation fees.

Signature _____

Date _____

Privacy Policy:

FAXtopia will **never** share your personal information, e-mail address or credit card information with any outside party. We do not send any marketing e-mails to our clients.

Please sign and fax this form to us at (561) 801 7727

Scan and e-mail to us at: Support@FAXtopia.com

- or call us direct at (561) 325 7307

January, 2018