



Account Update Form

e-mail address _____
- your log in / user name (all faxes arrive to this address)

Existing FAXtopia fax # _____

New Billing Information (only if name or billing address has changed)

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.
- We will send updates on any billing or support issues affecting your account.

Please fax this form to us at (561) 801 7727
- or you may call us with this information.

FAXtopia Support: (561) 325 7307