



New account order form

e-mail address _____

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

Existing FAXtopia # (for renewals) _____

Billing Information (from credit card)

Name _____

Billing Address _____

City, State, Zip _____

Phone # _____

Credit card type: ___ Master Card ___ Visa ___ Discover

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 or charges.

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 may send updates on any service or support issues affecting your account.

Please fax this form to us at (303) 997 1098

- or you may call us with this information if you prefer.

Direct phone contact: (303) 791 7817