

This form can be used to submit updated credit card information to the Accounts Department for use with my account and service.

Name	
Address	
City	
Province	
Postal Code	
Phone Number	
Email Address	
Customer ID or Domain (shown on your invoices)	

Updated Credit Card Info

Card Type (circle one): Visa Master Card

Credit Card Number:

Expiry: / (mm/yy)

Name on card (please print):

I hereby authorize ParaFX.com update my account records with the information provided above. I understand that this form is for the sole purpose of updating credit card information for my account so that services may be billed to it as per my present billing cycle.

Signature of Card Holder: _____

Date:

Upon completion of this form, please fax to: (905) 677-6345 for processing or you can mail it to the following address:

ParaFX.com 6415 Northwest Drive Unit 18 Mississauga, ON L4V 1X1

6415 NORTHWEST DRIVE. • UNIT 18 • MISSISSAUGA • ON • L4V 1X1 • PH: (905) 677-8008 FAX: (905) 677-6345 • E-MAIL: CSERVICE@PARAFX.COM