

VirtualPBX™

Change of Ownership Form

In order to update your account information on file and change the primary contact for your VirtualPBX, please fill out the following information. Please complete this form by using your PDF reader or, if you choose to fill the document in by hand, please make extra effort to write legibly.

Account & Contact Information

Old Company Name:

New Company Name:

(Company Name must be the same as Federal Tax ID documentation if signing up under a Federal Tax ID)

Website:

Federal Tax ID:

(If no Federal Tax ID, you must specify a Social Security Number in Contact Information)

Mailing Address

Street:

City: State:

Zip Code: Country:

Mailing Address

Street:

City: State:

Zip Code: Country:

Primary Contact Information

Contact Name:

Contact Email:

Phone Number:

Fax Number:

Social Security Number: (If no Federal Tax ID)

Additional Contacts

(Please specify whether each contact should have full system ownership privileges or billing only privileges)

Name: Privilege Type:

Email Address:

Name: Privilege Type:

Email Address:



Credit Card Billing and Authorization Form

All VirtualPBX services are billed directly to your credit card.

CREDIT CARD TYPE *(Select One)*

VISA

MASTERCARD

AMERICAN EXPRESS

Please enter the following data EXACTLY as it appears on your most recent credit card statement. We will need to match the credit card number, account name, and billing address to be able to process your account. The most frequent cause of setup delay is credit card data that is not what the credit card company has on file.

Name on Credit Card: *(Exactly as printed)*

Billing Address for Credit Card: *(Street, Apt#)*

City, State, Zip for Credit Card:

Credit Card Number:

Expiration Date:

Authorization: By signing below, I acknowledge that I have read and agree to the terms and conditions set forth in the Service Agreement on the VirtualPBX web site, www.virtualpbx.com/agreement. I warrant that I have valid authority to act for the company or I am individually responsible for this account.

I authorize VirtualPBX.com, Inc. to automatically bill the credit card listed above for all VirtualPBX services. Since my payment amount varies each month, I will receive notification of the amount via email and I agree that my card will be billed automatically until I cancel service or a new card is provided. If your plan requires a setup fee, the initial setup fee will be billed at the time the system is set up. This authorization is valid until the account is terminated by letter or email to billing@virtualpbx.com. Please submit a completed copy of this document to us by fax at 888.825.0800 or scan and email to billing@virtualpbx.com.

Company Name

Account Number or Virtual PBX Phone Number

Cardholder Signature

Today's Date

Printed Name

Title