

Email: \_

## **Change of Ownership**

In order to update your account information on file and change the primary contact for your VirtualPBX, please fill out the following information using your PDF reader or print and complete the document by hand (please take extra care to write legibly). Once finished, return via fax to 888.825.0800 or email to Billing@VirtualPBX.com.

Account and Conta	ict information:		
Previous Company Name:			
New Company Name: (Company must be same a		on if signing up under a Federal Tax ID)	
	Federal Tax ID:		
(If no Federal Tax ID, you n	nust specify a Social Security I	Number in Contact Information)	
Mailing Address:			
Your Name:	Vi	VirtualPBX Phone Number:	
Street:		City:	
State:	Zipcode:	Country:	
If yes, what is their extension	extension number that grants to number:	hem access to the vConcole as a System Admin?  _ If no, do you need an extension set up?  Phone Number:  Fax Number:	
Additional Contact Please specify whether each	ts: ch contact should have full syst	tem ownership priveleges or billing only priveleges. Privelege Type:	
		Privelege Type:	

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