

VirtualPBX™
Change of Ownership Form

In order to update your contact information on file and change the primary contact for your VirtualPBX account, 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

Company Name:

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

Web Site:

Years in Business:

Federal Tax ID:

(If no Federal Tax ID, you must specify a social security number in Contact Information)

Company Address:

Street:

City:

State:

Zip Code:

Country:

Mailing Address: (if different from above)

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):*

Note: this contact will initially be set as the VirtualPBX system administrator unless otherwise specified. System administration can be changed at any time.

Complete Credit Card Billing and Authorization

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 Virtual PBX web site, www.virtualpbx.com/agreement. I warrant that I have valid authority to act for the company or individual 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 email notification of the amount and I agree that my card will be billed 10 days from that date. The initial setup fee will be billed at the time the system is set up. This authorization is valid until terminated by letter or email to support@virtualpbx.com.

Company Name

Account Number/Phone Number

Signature

Today's date

Printed name

Title