



## 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 Name		
Updated Credit Card Info		
Card Type (circle one):	Visa Master Card	
Credit Card Number:		
Expiry:/	(mm/yy)	
Name on card (please print):		
I understand that this form	.com update my account records with the inform is for the sole purpose of updating credit card in any be billed to it as per my present billing cycle.	
Signature of Card Holder:	D	ate:
Upon completion of this form, please fax to: (416) 238-4367 for processing or you can mail it to the following address:		
ParaFX.com		

ParaFX.com PO BOX 21060 RPO Harwood Place Ajax, ON L1S 7H2