



ZipX Customer Details Update Form

Personal Details

Account No: Name:

Company Name:

Home Phone: Cellular:

Work Phone: Fax:

Email Address 1:

Email Address 2:

Billing/Mailing Address

Address Line 1:

Address Line 2:

Parish: Postal Code:

Delivery Address

Check box if same as Billing Address

Address Line 1:

Address Line 2:

Parish: Postal Code:

Credit/Debit Information

Name on Card:

Card No: Expiry Date:

Type of Card:

Other

Mail Requested: YES / NO Delivery Customer: YES / NO

Special Instructions

Signed By: _____

Date: _____

To Submit this form please fax to 296-2003
Or
Drop it off at our ZipX Express Centre
Dallas Bldg, 10 Park Road, Hamilton HM 11 Bermuda