

1) Customer Verification for SMTP

Customer Information

Name of Contact: _____

Title: _____ Phone: _____

Company: _____

Address: _____

Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Please provide a copy of your Driver's License or Identification Card.

Please provide a front-and-back copy of your credit card below. The last 4 digits of the credit card number must be visible.

2) Customer Signature

I confirm that the above information is correct and accurate to the best of my knowledge.

Customer's Signature: _____ Date: _____