Xenios LLC

Change of Billing Form

Date: _____

Establishment Name	
2TouchPOS Product Key	
Owner Name	
Billing Address	Street 1
	Street2
	City, State
	Zip Code
Phone	
Fax	
Email Address	

Authorizing Signature:
Authorizing Printed Name

Call 866.227.8682 for assistance with this form. Please fax or mail the completed form to:

Fax: 585-325-6989

Xenios LLC
82 Saint Paul St.
First Floor
Rochester, NY 14604-1311