



### NeoFunds® Account Limit Increase Request

Use this form to request an increase to your NeoFunds® Account Limit in order to accommodate your postage needs. Please provide the requested information then fax or email the form to us for processing.

Company Name: \_\_\_\_\_

POC Account Number: \_\_\_\_\_

NeoFunds® Account Number: \_\_\_\_\_

Average Monthly Postage Volume:     \$ \_\_\_\_\_

Requested Account Limit:             \$ \_\_\_\_\_

(Note: if blank, Account Limit will be assigned up to 3x Monthly Postage Usage)

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **SUBMIT REQUEST VIA AN OPTION BELOW:**

**Email:**   pocadmin@neopost.com

**Fax:**     1-800-237-0692

Please allow up to 2 business days for request to be processed.

Questions, please call 1-800-636-7678. Please be sure to visit "MyNeopost" at [www.neopostusa.com](http://www.neopostusa.com) to see how you can manage your NeoFunds account online.