

Credit Card Authorization

VoiceMailTel Account Number: Name on Account: Email Address: Billing Address:

Reason (check one):

 Enable International Call Forwarding Enable Calling Card/Conference Calling Feature Other:

Credit Card Number:	<input type="text"/>
Expiration:	<input type="text"/>
Security Code:	<input type="text"/>

I agree to pay the monthly base and usage fees for all VoiceMailTel services for the account(s) listed above in accordance with my card issuer agreement. I also agree that the billing address above is valid and that I am the authorized card holder for the above credit card.

I ALSO AGREE NOT TO FILE A HOSTILE CHARGEBACK WITHOUT NOTIFYING VOICEMAILTEL AHEAD OF TIME IN WRITING AND ALLOWING FOR A RESOLUTION.

Please send this form after completing it to fax (416)-981-3313

Name, as appears on credit card

Signature_____
Date