

CREDIT CARD AUTHORIZATION

For your convenience, VoiceMailTel Inc offers an option to pay by credit card. Should you wish to pay your invoice(s) by credit card, we require your permission to debit your credit card. Your signature on this form is required to protect you, the cardholder, and VoiceMailTel Inc, from any possible misuse of your card or any disputes.

Please complete and agree to the following as it applies to you:

I authorize VoiceMailTel Inc to debit my credit card on each month for my monthly recurring services. The invoice(s) will be charged on the due date for the duration of service until:

1) A written request has been received by VoiceMailTel Inc

2) A written request to cancel/update the credit card currently on file has been received by VoiceMailTel Inc

I authorize VoiceMailTel Inc to debit my credit card for a one-time amount of \$

Credit Card Type: VISA MASTER CARD

Company Name (as billed by VoiceMailTel Inc)

Name (as appears on credit card)

Credit Card Number as shown

Expiry Date CVD #

Billing address for your credit card City

Province Postal Code Country Canada US Other

Phone Number Email

Authorized card holder signature: x

(authorized card holder signature here)

By submitting this form, I, the signatory, hereby certify to VoiceMailTel Inc, that the credit card information I am providing is correct, valid, and that I am the legal cardholder on this credit card account.

I also agree not to file a chargeback to services provided by VoiceMailTel Inc without a prior written notification to VoiceMailTel Inc to allow for a proper resolution.

After completing please sign, scan and return this form by fax: 855-686-4236

(or you can send it by email at payments@voicemailtel.com)