

VOICEGATE CREDIT CARD AUTHORIZATION FORM

Name:			
Name:(First Name)		(Last Name)	
Company Name:			
Address:			
Phone#: Fax	:#:	e-Mail:	
As part of this agreement, "Custom product and / or service on the cree			orporation to charge for said
Credit Card: (Please Circle)	Visa	MasterCard	American Express
Credit Card Number:		Expiry Date:	
Cardholder Name:			
I,, ha authorized signatory on this credit	we been auth "card".	orized to make purchases	for "Customer" and am an
(Authorized Signature) This "Card" authorization will app by "Customer" via phone, fax, e-m following individuals may place or	ail, or any oth	ner means. In addition to t	
(Name)		(Name)	(Name)
(Signature)		(Signature)	(Signature)
and I understand all charges will be	e applied to th	ne aforementioned credit ca	ard.
Should "Customer" choose to revo revocation taking place within ten			
Written notification is to be sent to VoiceGate Corporation, 130 Queen		Suite 1110 – West Tower,	, Toronto, Ontario M5A 0P6
Signature:		Date:	
To send a fax mail dial: 905-508-0 your fax machine or; scan and ema			d then press the start key on
A VoiceGate technician will contac processed.	ct you to set u	ip a call-back time once yo	our information has been

Thank you for your patronage. VoiceGate is committed to providing the highest quality service available in the international market place.

Prepaid technical support hours are from Monday to Friday 9am – 5pm EST. Unused Pre-paid support is valid for 6 months from the date the credit card was processed.