

in the international market place.

## **VOICEGATE CREDIT CARD AUTHORIZATION FORM**

Name:			
Name:(First Name)		(Last Name)	
Company Name:			
Address:			
Phone#:	_ Fax#:	e-Mail:	
As part of this agreement, "C product and / or service on th			orporation to charge for said
Credit Card: (Please Circle)	Visa	MasterCard	American Express
Credit Card Number:			Expiry Date:
Cardholder Name:			
I,authorized signatory on this	_, have been author credit "card".	ized to make purchases t	for "Customer" and am an
(Authorized Signature)			
This "Card" authorization wi by "Customer" via phone, far following individuals may pla	k, e-mail, or any other	means. In addition to t	orders (written or verbal) placed he card signatory, the
(Name)		Name)	(Name)
(Signature)	(S	Signature)	(Signature)
and I understand all charges v	will be applied to the	aforementioned credit ca	ard.
Should "Customer" choose to revocation taking place within			ust do so in writing, with said ion.
Written notification is to be s VoiceGate Corporation, 1052		35B, Suite 233, Richmo	ond Hill, Ontario L4C 3C7
Signature:		Date:	
To send a fax mail dial: 905-; your fax machine or; scan and	508-0355, enter "*210	65", wait for the tone and	
A VoiceGate technician will processed.	contact you to set up	a call-back time once yo	ur information has been

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.

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