

I \_\_\_\_\_ Authorize \_\_\_\_\_ to charge my credit card  
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown on each monthly phone invoice.

REFERENCE \_\_\_\_\_

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CARD CV2 # \_\_\_\_\_

ISSUED DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BILLING POST CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_  
(As it appears on card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SEND TO:**

VoIP-system.com.au Pty Ltd  
Po Box 2245, Carlingford NSW 2118  
accounts@voip-system.com.au  
Ph 1300739556  
Fax 0290370889  
[www.voip-system.com.au](http://www.voip-system.com.au)