



CREDIT CARD UPDATE FORM

By signing below, I authorize SigmaVoIP, LLC. to keep my signature and my credit card information securely on-file in my account. I authorize SigmaVoIP, LLC. to charge my credit card for any outstanding balances when due. If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give SigmaVoIP, LLC. a new, valid credit card which I will allow them to charge over the telephone. Even though SigmaVoIP, LLC. is not processing the new card in person, I agree that the new card may be used with the same authorization as the original card I presented.

<i>Name</i>	
<i>E-mail</i>	
<i>Telephone</i>	
<i>Card number</i>	
<i>Expiration date</i>	
<i>CVV Code</i>	
<i>Card billing address</i>	
<i>Card billing City, State and ZIP</i>	
<i>Name on the card</i>	
<i>SigmaVoIP account</i>	
<i>Signature and date</i>	