

CHANGE OF CREDIT ACCOUNT ON FILE

Date: _____

Customer name: _____

Website Domain: _____

Please use the following credit card information for any future approved charges. All terms and conditions remain the same as previously agreed under contract for the about website domain.

Card Type: _____

Card Number: _____

Expiration date: _____

Name on the card: _____

Billing Address: _____

City: _____ State: _____ Postal Code: _____

Email receipt to: _____

Authorized Signature: _____ Date: _____

Please complete the above order information and fax the form back to us at:

Fax to: (832) 415-9480

Or, 1.866.243.7115 (press send/fax if you hear a voice prompt)