

**CHANGE BILLING CREDIT CARD**

Date: \_\_\_\_\_

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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email receipt to: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the above order information and fax the form to:

**Fax to: (832) 415-9480**

5300 N. Braeswood Rd. Suite #174  
Houston TX 77096  
1-866-243-7115  
Sales@WebsitePerfect.com