



# Change of billing address for the 3-in-1 cable connection

## 1. Contact details – Contracting party

Ms                       Mr

First name / Name \*

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Company

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Phone \*

Mobile \*

Reachable \*                      from \_\_\_\_\_

Monday  Tuesday  Wednesday

to \_\_\_\_\_

Thursday  Friday

E-mail address

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Fax

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Contract number \*

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## 2. Previous billing address

Street, No. \*

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ZIP / City \*

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## 3. New billing address

Street, No. \*

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Address line 2 / P.O. Box

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ZIP / City \*

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Country

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New billing address valid from \*

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\* Mandatory fields - please complete

Please send the completed form to the following address:

**Sunrise UPC LLC, Customer service 3-in-1 cable connection, P.O. Box, 8050 Zürich**