



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

1. Contact details – Contracting party

Ms Mr

First name / Name *

Company

Phone *

Mobile *

Reachable * from _____

Monday Tuesday Wednesday

to _____

Thursday Friday

E-mail address

Fax

Contract number *

2. Previous billing address

Street, No. *

ZIP / City *

3. New billing address

Street, No. *

Address line 2 / P.O. Box

ZIP / City *

Country

New billing address valid from *

* 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