

President Telecom Corp. 加國電訊

address: 2370 - 8888 Odlin Crescent, Richmond, BC V6X3Z8 Tel: 604-270-1177 / 1-877-270-1177 Fax: 604-270-1176 / 1-877-270-1179

PLAN CODE: _____ **LSP: TELUS/BELL/ Other** _____ **LDP:** _____

APPLICANT INFORMATION

Authorized Person's / Owner's Name: Mr. () Mrs. () Miss () **Email:** _____

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home# _____ Working#: _____ Cellular#: _____

Driver Licence#: _____ SIN#(9digits): _____ Date of Birth: _____

METHOD OF PAYMENT Payment is due on receipt of your statement. To avoid late payment charges at 2% per month, please pay by the "due date" printed on your bill.

() Monthly Bill (Please provide credit information)

() Bank Auto Debit (**Please attach a void cheque**)

() Credit Card

CREDIT INFORMATION

Card Holder: _____ Credit Card: Visa () Master () Amex ()

Credit Card#: _____ Expiry Date: _____

Bank Account Name: _____ Bank Address: _____

Bank Transit (3digits) _____ Bank Branch (5digits): _____ Bank Account#: _____

AGREEMENT

I to the best of knowledge confirm that the above information is true and correct. I shall/ We will be responsible for all the fees / charges through the use of President Telecom Services. I / We authorize President Telecom to charge any outstanding amount that is past due arising from the use of President Telecom services to my credit card as stated herein above. The authorization shall continue until the total amount including interests settled. I / We are also abided by the President Telecom's Terms and Condition of Service.

EQUAL ACCESS (DIRECT DIAL SERVICE) AUTHORIZATION FORM

My Signature below authorized President Telecom to notify my local telephone company of my decision to subscribe to President Telecom long distance services when Equal Access is available in my area. Equal Access means I will automatically reach President Telecom when dial any long distance phone number. When I dial 1 or 011 (all long distance calls), my call will be carried on the President Telecom network. To activate this services, my authorization is required for each phone number I wish to subscribe to President Telecom.

Local Tel No. Registered Name (if different): _____ Register Address (if different) _____

Phone Number (s) to be subscribed: (1) _____ Effective Date (if applicable): _____

(2) _____ Effective Date (if applicable): _____

Authorized Signature: _____ Printed Name: _____ Date: _____

Thank you for your application. (Back to HOME) HOTLINE: 604-270-1177 / 1-877-270-1177 FAX: 604-270-1176 / 1-877-270-1179