



請將本表格寄回 **Please mail to 4000 No. 3 Road, #2330, Aberdeen Square Richmond, BC. V6X0J8**
Tel : 604-273-4120 或傳真至 OR Fax : 604-273-0283 or email to 電郵至 Vancouver@ctinets.ca
<http://www.ctinets.bc.ca>

To : _____ Date : _____
 Attn : _____ Fax No.: _____
 From : _____ Pages : _____ (Including this page)

Business Account Application Form

General information

Company Name _____ Certificate of Incorporation No. _____
 Telephone Number _____ Fax Number _____
 Company Address _____
 Primary Contact Mr / Ms _____ Alternate Contact Mr / Ms _____
 Monthly Long Distance Usage _____ Existing Long Distance Carrier _____

Financial Information

Business Since (mm/yy) _____ Nature of Business _____
 Company Bank Name _____ A/C Number _____
 Bank Address _____
 Bank Telephone Number _____ Fax Number _____ Contact Person _____

Principal or Shareholder or Authorized Person information

Name _____ Position _____
 Residential Address _____ Tel No. _____
 Driver's Licence Number _____ S.I.N. _____
 VISA MASTER Credit Card Number _____
 Card Holder's Name _____ Expiry Date _____

I hereby certify that to my best knowledge the above given information is true and correct. I authorize City Telecom to perform a verification of credit on the bank account as stated in this application form. I understand that this application is in private and strict confidential and is only for the internal processing purpose of City Telecom. I understand that the above information is given only for apply the long distance services account of City Telecom. In the event of my billing outstanding for 15 days, I agree City Telecom may debit the amount owing against the credit card shown in this application form. If account shows any outstanding payment, late payment charge will be applied. I hereby agree to be bound by the terms and conditions and all amendments thereto as CITI may stipulate from time to time. My signature below authorizes City Telecom (CITI) to notify my local telephone company of my decision to subscribe to CITI long distance services when Equal Ease of Access is available in my area. Equal Ease of Access means I shall automatically reach CITI when I dial any long distance phone number. For example, every time I dial 1 or 011 (international) plus the area code, my call will be carried on the CITI network. By signing, I agree CITI will automatically carry my long distance calls. I must specify below each of the telephone numbers that I wish to subscribe to CITI. If I specify my billing telephone number, all associated working telephone numbers will be subscribed. If I only wish to have certain working telephone numbers subscribed, I must separately identify each number with my authorization. Only those numbers which are authorized by me will be subscribed.

Phone number(s) to be subscribed () _____ () _____ () _____
 () _____ () _____ () _____

For each individual phone number, please attach a copy of upper portion of local phone bill with name and address on it.
 Name of Local Tel. Co. _____ Name Registered In Local Tel. Co. _____

X _____
 Authorized Signature _____ Date _____

For Office Use Only			
Sales:	Sys In:	Dep:	Cr:

Please complete this Application and return to City Telecom together with copy of the following documents :-
 (1) Certificate of Incorporation
 (2) Last 2 months' long distance telephone bills with your company name and address on it