城市電訊有限公司
CITY TELECOM (B.C.) INC.

1420 Kootenay Street, Vancouver, BC V5K 4R1
Tel: 604-298-6988 Fax: 604-298-8116

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 ☐ AMEX 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