城市電訊有限公司
CITY TELECOM INC.

OVERSEAS CALLING

To : _____ Date : _____

Attn : _____ Fax No.: _____

From : _____ Pages : _____(Including this page)

Overseas Calling Service Registration Form

CITI Account Number :_____CITI Account Name :_____

Overseas Contact Name : _____Contact Tel: _____

Overseas Address : _____

_____

I hereby authorize City Telecom to debit in paper, electronic or other form on my credit card account as stated below (Please check one):

☐ Visa ☐ Master ☐ Amex

Card Holder's Name : _____

Card Number : _____ Expiry Date: _____

for variable amounts if the long distance telephone charges of the above CITI account are outstanding for more that fifteen (15) days from date of invoice by City Telecom. City Telecom will, to the best of their abilities, forward the customer copy of the credit card sales slip and a statement of account in support of the debit to the CITI account holder within five (5) working days after the debit.

I understand that the validity and the expiration of my overseas calling card service is subject to the expiry date of the captioned credit card. I also acknowledge that I have read and understood all the provisions contained in the terms and conditions.

For verification purpose, your signature MUST be the same as your signature appearing on your designated credit card. Please also attach copy of your credit card (both front and back sides).

While I am temporarily not in Canada, my alternate contact here is:

Name: _____Tel no.: _____

X_____ _____

Credit Card signature Date

Terms and conditions:

I authorize the payee to debit my credit card account as indicated under the terms and conditions agreed to by me with the payee until such times as written notice to the contrary is given. I acknowledge that delivery of my authorization to the payee constitutes delivery by me to the branch of the financial institution at which I maintain a credit card account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does / may not terminate the contract for goods or services exchanged.

I (We) will notify the payee in writing of any changes in the account information of termination of this authorization prior to the next due date of the pre-authorized debit.

Items charge under any of the following conditions will be reimbursed subject to written notification by me to the financial institution within 90 days.

a) I never provided authorization to the payee.
b) The pre-authorized debit was not drawn in accordance with my authorization.
c) My authorization was revoked.
d) The debit was posted to the wrong account due to invalid / incorrect account information supplied by the payee.

I warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

Please mail this registration form to 3781 Victoria Park Ave, Unit 13, Scar., On. M1W 3K5 or Fax to 416-502-3762
請將本表格填妥及寄回 3781 Victoria Park Ave, Unit 13, Scar., On. M1W 3K5 或傳真至 416-502-3762