

175 West Beaver Creek Road, #31, Richmond Hill, On, L4B3M1 Tel : 416-502-1838 Fax : 416-502-3762  
www.ctinets.on.ca

To : \_\_\_\_\_ Date : \_\_\_\_\_ Total Pages: \_\_\_\_\_  
From : \_\_\_\_\_ Tel / Fax : \_\_\_\_\_

**直撥長途服務住宅用戶登記表格 Equal Ease of Access Residential Account Registration Form**

**個人資料 Personal Details**

名 姓 中文姓名 男 / 女  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ (M / F)  
電話號碼 傳真號碼 手機號碼  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_  
地址  
Address: \_\_\_\_\_

Street & Apt# \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_  
駕駛執照號碼 出生日期  
Driver's Licence No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
現在的本地電話公司 本地電話公司登記姓名 現在的長途電話公司  
Current Local Telephone Co. \_\_\_\_\_ Name registered \_\_\_\_\_ Existing Long Distance Carrier \_\_\_\_\_  
信用卡號碼 有效日期  
Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ **VISA MASTER**  
信用卡持有人姓名 電郵地址  
Card Holder's Name: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

**結賬方式 Payment Method (請選擇一項 Please check one)**

以支票或銀行結賬 Pay by Cheque or Banking

以信用卡每月自動結賬 Auto-pay by Credit Card **信用卡持有人簽名**

**I authorize City Telecom debit the above credit card** (Card Holder's Signature): **X** \_\_\_\_\_

銀行自動轉賬 Auto-pay by Bank (請附上有“作廢”字樣支票 Please attached a blank cheque marked “VOID”)

銀行名稱 Bank Name: \_\_\_\_\_ 分行編號 Branch No.: \_\_\_\_\_

支票戶口號碼 Chequing Account No.: \_\_\_\_\_ 戶口持有人姓名 Account Holder's name: \_\_\_\_\_

**I authorize City Telecom debit the above chequing account**

銀行戶口簽名 (Bank Account Holder's Signature): **X** \_\_\_\_\_

**直撥長途電話服務 “Direct Dialing Long Distance” Service**

Your signature below authorizes City Telecom (CITI) to notify your local telephone company of your decision to subscribe to CITI long-distance services when Equal Ease of Access is available in your area. Equal Ease of Access means you will automatically reach CITI when you dial any long-distance phone number. For example, every time you dial 1 or 011 (international) plus the area code, your call will be on the CITI network. By signing, you agree CITI will automatically carry your long-distance calls.

Additional phone number(s) to be subscribed: (if any) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Please read this important information and sign:**

I hereby confirm all my personal information shown in this Application is true and correct. In the event of my billing being outstanding for 15 days, I agree that City Telecom (CITI) may debit the amount owing against the credit card(s) shown in this application. If account shows any outstanding payment, late payment charge will be applied. I also authorize the receipt and exchange of my personal credit information by CITI. I understand that CITI has own discretion to accept or to decline this application. I hereby confirm and agree that the Terms and Conditions for using the CITI long-distance calling service and the CITI calling card and amendments thereto as CITI may stipulate from time to time shall apply to me upon acceptance of my application hereunder.

**X** \_\_\_\_\_  
簽署 Signature 日期 Date

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

請將本表格寄回 Please mail to 175 West Beaver Creek Road, #31, Richmond Hill, On, L4B3M1 或傳真至  
or fax to 416-502-3762 or email to /電郵 cstor@ctinets.ca