

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

Street & Apt# _____ City _____ Province/State _____ Postal Code/Zip Code _____
 駕駛執照號碼 Driver's Licence No. _____ 出生日期 Date of Birth: _____
 現在的本地電話公司 Current Local Telephone Co. _____ 本地電話公司登記姓名 Name registered _____ 現在的長途電話公司 Existing Long Distance Carrier _____
 信用卡號碼 Credit Card No.: _____ 有效日期 Expiry Date: _____ VISA MASTER AE
 信用卡持有人姓名 Card Holder's Name: _____ 電郵地址 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 3781 Victoria Park Ave, Unit 13, Scar, On M1W 3K5 或傳真至 or fax to 416-502-3762
<http://www.ctinets.on.ca/>