

Application to Change Long Distance Plan

First Name: _____

Last Name: _____

Telephone Number: _____

911 Address: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

e-mail Address: _____

Flex Plan: 120 ____ 250 ____ 500 ____

*Also available 750 and 1200 minute Plans-call 519-844-2160 for information.