

Brooke Long Distance Application Form

First Name: _____
Last Name: _____
Telephone Number: _____
911 Address: _____
Mailing Address: _____
City: _____
Province: _____
Postal Code: _____
e-mail Address: _____
Flex Plan: 120 _____ 250 _____ 500 _____

Pre-Authorized Payment Information

Name of Bank: _____
Chequing Savings
Transit Number: _____
Institution Number: _____
Account Number: _____

Credit Card Payment Information

Cardholder Name:
Visa MasterCard
Card Number:
Card Expiry: ____/____ (month/year)

I agree that a pre-authorized debit in the amount of my monthly invoice may be drawn from my account on the 25th of each month. I will promptly inform Brooke Telecom, in writing, of any changes in the account information for the pre-authorized debit. Either Brooke Telecom or myself may revoke this authorization by delivery of WRITTEN NOTICE to the other party at any time. I also warrant that all person(s) whose signatures are required to sign on the account have signed this authorization. My signature also approves Brooke Telecom to perform credit approval to verify my credit history

Applicant's signature and approval: _____