Salesperson: _____

Office Use Only
ISP Mgr: LS _____ Optigold: ☐
CO: ____/_____
Start Date: ISP Mgr: ☐

LONG DISTANCE APPLICATION FORM

Tel: 604-482-1190
Fax: 604.482.1191
Toll free: 1-866-798-0906
email: info@lightspeed.ca

Lightspeed Communications
200 - 6960 Royal Oak Avenue
Burnaby, BC V5J 4J2
www.lightspeed.ca

New Member Details

First Name: _____ Surname: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home: ( ) _____ Fax: ( ) _____

Work: ( ) _____ Mobile: ( ) _____

Long Distance Service Details

Phone number*: ( ) _____

Other numbers: ( ) _____

( ) _____

( ) _____

* This is the phone number on which you wish to use Lightspeed's long distance service. You may include as many of your numbers as you like.
Non-Lightspeed Internet members will be required to pay a monthly system access fee of $1.00 in addition to regular long distance charges

☐ PLEASE SIGN ME UP FOR A VIRTUAL CALLING CARD
Save even more money when your away from your regular telephone and want to call the USA and Canada. Great for travellers and cell phone uses see our website or call for details.

Current Service Providers

Local Service: ☐ Telus ☐ Sprint ☐ Bell ☐ AT&T ☐ Other (specify) _____

Long Distance: ☐ Telus ☐ Sprint ☐ Primus ☐ Other (specify) _____

Payment Details

PLEASE NOTE: For your convenience, we offer monthly preauthorized payment from your credit card or bank account. We also accept payment by cash, cheque, or online/tele-banking.

☐ VISA ☐ MasterCard ☐

☐ CREDIT CARD - Please enter details
By signing, you agree that Lightspeed may bill your account for any charges you accrue as a result of your use of Lightspeed's services. You also agree to pay the card issuer any such amounts, as detailed in your agreement with them.

Name on Card: _____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

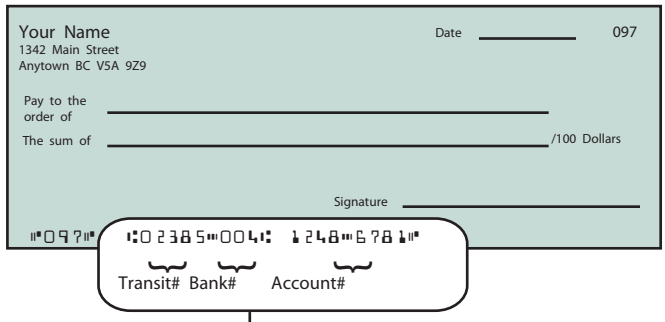
Expiry Date: ☐☐/☐☐

Signature: _____ Date: _____

☐ DIRECT DEBIT
Please note that your signature constitutes sufficient authority for Lightspeed to automatically debit your account for any charges you accrue as a result of your use of Lightspeed's services.

Transit # ☐☐☐☐☐ Bank # ☐☐☐ Account # ☐☐☐☐☐☐☐☐☐☐

Please attach a void cheque, or fill out the above information, using the sample provided to the right as a guide.



Signature: _____ Date: _____

Long Distance Service Agreement - PLEASE READ CAREFULLY

I hereby authorize Lightspeed to act as my agent for the purpose of removing my current long distance carrier, and agree that Lightspeed will become my long distance carrier. I further authorize Lightspeed, its employees, agents, or assigns, to collect and use personal information regarding myself and my credit history, from other firms and corporations, credit bureaus, financial institutions, and from the references I have provided you. Lightspeed may provide my personal information to credit bureaus and other parties to administer my credit and their credit policy. I understand that unless specifically bundled with certain other packages or services, a $1.00 monthly system access fee will be due each month, in addition to any usage charges I may incur. I certify that all information provided on this form is true and correct. I will be responsible for all fees/charges incurred through the use of this account by myself or others.

Printed Name: _____ Signature: _____ Date: _____