Customer Application

LASTNAME:_____FIRSTNAME:
_____

COMPANY NAME (Commercial Accounts Only):_____

DRIVERS LICENSE NUMBER: _____ **OR** SIN NUMBER: _____

STREET:_____ UNIT:_____

CITY:_____PROVINCE:_____POSTAL CODE: _____

LINES TO BE ACTIVATED: (_____)_____ (_____)_____ (_____)_____

(_____)_____(_____)_____ ESTIMATED LONG DISTANCE MONTHLY $_____.00

MONTHLY PAYMENT OPTIONS:

(Please check one option)

❑Pre-authorized Bank Debit ❑Visa Credit Card
(attach void cheque)

❑MasterCard ❑Direct Payment

Please fill Credit Card Information if Paying by Credit Card.

__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/
Credit Card Number

Credit Card Expiry: __/__/ __/__/

Long Distance Discounts:

FLAT RATE: Any Time / Any Day / Per Min.

NORTH AMERICA	**$ .07**
ARGENTINA	**$ .39**
AUSTRALIA	**$ .13**
BELGIUM	**$ .10**
BRAZIL	**$ .36**
HONG KONG	**$ .10**
IRAN	**$ .84**
ISRAEL	**$ .13**
JAPAN	**$ .16**
MEXICO	**$ .28**
NETHERLANDS	**$ .09**
PHILIPPINES	**$ .33**
RUSSIA	**$ .36**
UNITED KINGDOM	**$ .08**
TOLL FREE	**$ .07**

BILLED IN 1 MINUTE INCREMENTS
CALLING CARD – ABOVE RATES + $0.10
***Calling cards are to be used in North America only**

***Please note: when calling overseas terminating on a cellular phone, the rates will be higher. Please call. NA is $.05/min on PAP+E-Mail**

George Traitses 416 499-5656
www.infinite-health.com/metcom

TERMS AND CONDITIONS:

- Customers have the option to select either our Pre-authorized Bank Debit plan/VISA/MasterCard or Direct Payment. Pre-Authorized Bank Debit/VISA/MasterCard will be performed on the Due Date. Should Direct Payment be selected, payment may be made by mail or at most financial institutions.
- METCOM will forward a statement of account in support of the debits to the Customer.
- Payments after the Due Date will be subjected to a late payment charge. METCOM reserves the right to discontinue services and/or discounts on accounts in arrears of 60 days and/or cancel discounts.
- Terms and Conditions subject to change without notice.
- It is important that you read and fully understand the contents of these paragraphs, as your signature authorizes METCOM to notify your local phone company of your decision to subscribe to METCOM's long distance services when equal access dialling is available in your area.
- Equal access means you will automatically reach AT&T Canada (METCOM's Network Carrier) when you dial any long distance phone number. For example, every time you dial 1 plus the area code, your call will be carried on the AT&T Canada Network. You may choose only one main long distance telephone company for your account. By signing, you agree that AT&T Canada (METCOM's Network Carrier) will process all your long distance calls.
- Customer hereby authorizes METCOM to perform a credit check and to exchange credit information.

I, the Customer, hereby apply to the METCOM Network on the Terms & Conditions set forth on the application. I have read these Terms & Conditions & I agree to be bound by them.

_____
Authorized Signature of Applicant Date

_____

Authorized Signature(s) For Joint accounts all depositors must sign when more than one signature is required on a cheque issued against the account.

METCOM CANADA LIMITED - Agent
2914 Sheppard Ave. E.Suite 206, Scarborough, Ont.
Tel: (416) 499-5656 . 1-866-499-5656. Fax: (905) 201-6811

AT&T Canada Authorized Reseller