

SERVICE APPLICATION

Cell Home Phone Internet Digital TV

Applicant Name/Contact _____

Service Address _____

PO BOX/RR# _____ ON, Postal Code _____

Rent Own How long? _____ Landlord: _____

SIN: _____ Date of Birth (m/d/year): _____

Contact Number: _____ Email Address: _____

Place of Employment: _____ Work Number: _____

of Years: _____

Spouse/Co-User Information

Full Name: _____

Date of Birth (m/d/year): _____

SIN: _____

Contact Number: _____

Place of Employment: _____

Authorized Users on Account: Credit References:
1 1

2 2

3 3

Name of Banking Institution: _____ Location: _____

I/We understand that the account is my/our responsibility. The charges incurred on this account will be paid in full by the 25th of every month for services to remain active. I/We declare that I/We are eighteen years of age or over. The above information is and will be true and correct.

In connection with my application for service with Brooke Telecom, I hereby take notice that Brooke Telecom may be procuring and referring to a consumer credit report regarding my credit information. I hereby consent to the disclosure of such information. I understand and agree that this information will be used to establish service and that a suitable deposit may be required.

Date: _____ Signature: _____

Date: _____ Signature: _____

Brooke Telecom understands that your privacy is very important and is committed to maintaining the privacy, security & accuracy of your personal information. Brooke Telecom has implemented a Privacy Policy to limit the collection, usage & disclosure of personal information to only what is needed to properly fulfil the requirements for service with Brooke Telecom. Brooke Telecom respects your privacy. Your email will not be shared and will only be used to notify you of anything pertaining to your services with us, such as outages or promotions.

Payment Options

Preauthorized Payment (cheque attached) Visa MasterCard

Card Number: _____ Expiry Date: _____

CVV code (on back of card): _____

Signature: _____ Date: _____

Paperless Billing

Email: _____ Ebill Password: _____

(Must be at least 8 characters)