



Mail to: Speak Telecom Inc.  
 Suite 204 – 730 Yonge Street  
 Toronto, Ontario  
 M4Y 2B7

Fax to: (416) 342-9539

Scan & email: subscribe@speaktelecom.ca

Instructions: Fill out this form, mail or fax or scan and email it to start saving!

Please select what type of customer you are:  Business  Residential

Name / Business Name	Contact Phone Number	Email Address		
Address	Apt #	City	Province	Postal Code

Toll Free Number	Terminating Phone Number	Coverage Canada/USA	Caller ID	Dialed Number ID Choose One	Notes

**Billing Information – Please complete Credit Card or Pre-Authorized Debit Authorization**

Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard		Expiry Date	
□□□□	□□□□	□□□□	□□□□	□□/□□	□□□□

**Pre-Authorized Debit Authorization – Please provide a void cheque or copy**

I/We acknowledge that this authorization is provided for the benefit of Speak Telecom Inc., and my \_\_\_\_\_ and is provided in consideration of my \_\_\_\_\_ agreeing to  
(Name of Financial Institution) (Name of Financial Institution)

process debits against my account in accordance with the rules of the Canadian Payments Association.

□□□□	□□□	□□□□□□□□□□□□□□□□
Transit Number	Bank Number	Account Number

I/We authorize Speak Telecom Inc. to debit my/our account for the purpose stated above.

**Terms and Conditions:**

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization.  
 I/We acknowledge that delivery of this authorization to Speak Telecom Inc. constitutes delivery to my financial institution.  
 I/We authorize Speak Telecom Inc. to withdraw/apply charges to the account indicated above on or about the 21<sup>st</sup> day of each month for the provision of long distance services.  
 I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services rendered.  
 I/We have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.  
 I/We agree to be bound by the Terms and Conditions contained on the homepage of Speak Telecom's website, in addition to the terms and conditions above.

\_\_\_\_\_  
 Signature Date Signature Date



Letter of Agency  
Switched Toll Free Service

To whom it may concern:

I, \_\_\_\_\_, attest that I am the exclusive subscriber of the Toll Free Service number(s) listed below and have billing responsibility for the Toll Free Service number(s) listed below. I acknowledge my responsibility for all outstanding balances on the accounts related to such numbers (including all charges related to the misappropriation of traffic by any person) prior and up to the effective date of the transfer of the Toll Free Service number(s) listed below.

I hereby authorize Speak Telecom Inc. to notify my existing Toll Free Service provider to stop all billing on my behalf for the following Toll Free Service number(s) and their associated Billing Telephone Number(s) and transfer such numbers and their billing to Speak Telecom Inc.

Toll Free Service Number(s)	Billing Telephone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Authorized by \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Effective Date \_\_\_\_\_  
RespOrg (current provider) \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_

Please attach another table and initial if more Toll Free Numbers are needed.