



PAYMENT AUTHORIZATION FORM

Name: _____ Address: _____
 City: _____ Province: _____
 Postal Code: _____ Telephone No.: () _____
 Account #: _____

I authorize Telecom Options Inc. to arrange for and make automatic deductions from the following account as indicated:

- VISA
- Master Card
- Pre-authorized debit

Commencing the month of _____

CREDIT CARD INFORMATION / COPY OF VOID CHEQUE

Credit Card Number | | | | | | | | | | | | | | | | | | | | | |

Expiry Date _____

Signature of authorized account holder _____

Please remember that you can cancel at any time you desire by advising us in writing at:

Communication Solutions
202 Bentworth Avenue
Toronto, ON M6A 1P8
Fax: (416) 242-9170 or 1-888-431-1333

Thank you for choosing Communication Solutions