

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Contact Numbers (home): \_\_\_\_\_

(cell): \_\_\_\_\_ (work): \_\_\_\_\_ Physical Address: \_\_\_\_\_

Home Owner:  Rent:  Strata/Condo:  Building/Plaza:  P.O. Box: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_ ID - [ Driver's Licence # / PP # ] \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Tick this box if you would like your invoice mailed to you (\$2 monthly fee)

How did you hear about us? Newspaper  Radio  TV  Friend  Other \_\_\_\_\_

## TV PACKAGES

\*Radio & Music Choice Included in all packages

TV

- STARTER \$39/m
- LIMITED \$60/m
- CLASSIC \$72/m

## ADD ON PACKS

- |  |   |
|--|---|
| <input type="checkbox"/> HD PACK \$12/m                  | <input type="checkbox"/> MOVIE PLUS (HBO & MAX PACK) \$18/m |
| <input type="checkbox"/> FAMILY + VARIETY PACK \$13.50/m | <input type="checkbox"/> ALT LANGUAGES \$9/m                |
| <input type="checkbox"/> SPORTS + INFO PACK \$18/m       | <input type="checkbox"/> PREMIER SPORTS PACK \$20/m         |
| <input type="checkbox"/> HBO PACK \$10/m                 | <input type="checkbox"/> THE FILIPINO CHANNEL \$10/m        |
| <input type="checkbox"/> MAX PACK \$8/m                  |   |

## WIRELESS TV BUNDLE

- |   |   |
|---|---|
| <input type="checkbox"/> RESIDENTIAL WIRELESS TV BUNDLE \$112/M<br>Digital Classic   Family Variety<br>Sports & Info   Movie Plus | <input type="checkbox"/> RESIDENTIAL WIRELESS TV HD BUNDLE \$124/M<br>Digital Classic   Family Variety<br>Sports & Info   Movie Plus + HD |
|---|---|

## EQUIPMENT & SERVICES

- |   |   |
|---|---|
| <input type="checkbox"/> FULL & INSIDE TV INSTALLATION \$99/one time                                    | <input type="checkbox"/> ADDITIONAL SD SET TOP BOX (each additional box) \$10/m |
| <input type="checkbox"/> ADDITIONAL SET TOP BOX INSTALLATION (per visit to home) \$50/one time          | <input type="checkbox"/> REPLACEMENT REMOTE \$15/each                           |
| <input type="checkbox"/> Date installed and billing: _____<br>Initial of supervisor verification: _____ | <input type="checkbox"/> ADDITIONAL HD SET TOP BOX (each additional box) \$12/m |

## LOGIC LANDLINE PHONE

You may keep your current landline phone number by porting your number over to Logic.

LOGIC PHONE PLANS

- BASIC PLAN C\$ 9.95/m + calls
- GLOBAL PLAN C\$ 39.95/m + calls *Unlimited calls to US and Canada plus calls to UK, Ireland and Western Europe\*\* (landline only)*
- USA/CANADA PLAN C\$29.95/m + calls *Unlimited calls to US and Canada*
- EU PLAN C\$29.95/m + calls *Unlimited calls to UK, Ireland and Western Europe\*\* (landline only)*
- INDIA / HONG KONG/ CHINA PLAN C\$29.95/m + calls *Unlimited calls to India, Hong Kong and China*
- AUSTRALIA/ NEW ZEALAND PLAN C\$29.95/m + calls *Unlimited calls to Australia, and New Zealand (landline only)*
- BRAZIL/ ARGENTINA PLAN C\$29.95/m + calls *Unlimited calls to Brazil, and Argentina (landline only)*

**TOTAL MONTHLY CHARGE:** \_\_\_\_\_



# WIRELESS SERVICES FORM

## PRE AUTHORIZED PAYMENT INFORMATION

*Required for all accounts with telephone service. Request our cc/authorization form to setup your account for automatic payments.*

*Logic cares about your security, if you would prefer not to email your cc details please call a customer service representative*

CI Debit Card    MasterCard    Visa

Card Holder Name (as it appears on card): \_\_\_\_\_

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

By checking the box, I am agreeing to a term of 12 months (the "Initial Term") for the LOGIC services I have requested above, which Initial Term will begin on the date the LOGIC services commence. Upon expiration of the Initial Term, the term for LOGIC services shall automatically renew for additional one (1) year terms, unless I give Logic written notice of my intention to terminate this Agreement at least 30 days prior to the end of the existing term. I confirm that the information provided on this Service Application Form is true to the best of my knowledge and that I have read, understand and agree to LOGIC's Terms and Conditions that are applicable to the services I have requested on this Service Application Form. (LOGIC's Terms & Conditions are attached to this form).

I agree to the terms and conditions. (Required)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR INTERNAL USE ONLY

Account Number: \_\_\_\_\_ Case/Work Order #: \_\_\_\_\_ Estimated Installation Date: \_\_\_\_\_

Rep. Name: \_\_\_\_\_ Notes: \_\_\_\_\_

Verified by Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Comments / Promotions: \_\_\_\_\_

CPE or MAC address (phone): \_\_\_\_\_ Assigned Phone Number: \_\_\_\_\_