

## Long distance services application form

Videotron account number			
Account holder name: Name of the person appearing on the actual long distance services account	Name:	Surname:	
Address service:	Civic number:		
	Street:	Apartment:	
	City:	Postal code: -	
Billing address (If different)	Civic number:		
	Street:	Apartment:	
	City:	Postal code: -	

## **AUTHORIZATION**

I authorize *Videotron* to communicate with my current l ong distance services provider and to inform it of my decision to choose *Videotron* as my new long distance services provider.

I accept that all my lon g distance calls preceded by 1 or 011 will be carried by *Videotron* network.

Account Holder name or agent signature: \_\_\_\_\_\_ Authorization date: \_\_\_\_\_

Phone number(s) to be registered with the long distance services of Videotron:

Area code	Phone number		
In order to activate your long distance services, Please send back this application form at the address below:			
<b>By mail</b> Videotron Long Distance Services C.P. 11078 Succ. Centre Ville Montreal, Québec H3C 5B7	<b>By fax</b> 1 877 380-9977	<b>By email</b> <u>controlequalite@videotron.com</u>	

Please expect a period of 10 to 15 days for the treatment of your request.

To verify if your long distance services are activated on Videotron network, dial 1-700-555-4141.