

THOMAS COMMUNICATION LTD.
DBA CP ELECTRONICS AND CUSTOM COMMUNICATION
298 NORTH 2ND AVE.
WILLIAMS LAKE BC V2G 1Z8

ACCOUNT CHANGES FORM

CP Account Number _____ Username: _____

Name: _____

Current Address: _____

City: _____

Postal Code: _____

Cancel Service Seasonal Disconnect Seasonal Reconnect

Method of Payment change

_____ Monthly Billing

_____ Pre-authorized Credit Card Payment

Visa _____ Mastercard _____ Amex _____

Credit Card Number _____ Exp: ____ __ CVD: _____

Signature _____

By signing I am authorizing Thomas Communications Ltd. to apply the balance of my account to my credit card within 30 days of my statement date.

Address Change

Mailing Address _____

City _____ Postal Code: _____

Telephone _____

Plan Change

(__ Tier1 \$29.95) (__ Tier2 \$39.95) (____ Tier3 \$49.95) (____ Tier4 \$89.95)

By signing below I am authorizing Thomas Communications to make the above changes to my account.

Signature _____

Date _____