



OneConnect - Credit Card Payment Form

Name on Card: _____
Card Type (MasterCard or Visa): _____
Credit Card Number: _____
Expiry Date: _____
Total Amount to Charge: _____
Invoice Number: _____
Customer Name: _____

I (Card Holder Signatory) authorize OneConnect to charge my credit card the amount indicated above.

Signature _____

Print Name: _____

Please charge this credit card for the recurring monthly service, including Long Distance:

YES NO

Please fax this form to 1-866-748-2876 or email to billing@oneconnect.ca.



HEAD OFFICE

OneConnect Canada
48 Yonge Street,
Suite 1200
Toronto, ON M5E 1G6

Web: oneconnect.ca

Email: info@oneconnect.ca

Phone: 416-915-3065

Fax: 1-866-347-7650

Toll Free: 1-866-4-EASIER

MONTREAL OFFICE

1 Place Du Commerce, 3rd Floor
Brossard, QB, J4W 2Z7
Phone: 450-923-4868
Fax: 450-923-1508