

APPLICANT INFORMATION

Last Name		First Name
Telephone Number	Cellphone Number	Email

SERVICE ADDRESS

Street Address		
City/Town	Province	Postal Code

MAILING ADDRESS (If different from above)

Street Address		
City/ Town	Province	Postal Code

EMPLOYMENT INFORMATION

Place of Employment	Position/ Title	
Bus. Telephone	Bus. Email (if applicable)	

CO-USER/ SPOUSE INFORMATION (If applicable)

Last Name		First Name
Cellphone Number	Email	Position/Title

PAYMENT METHOD

Would you like pre-authorized payments?	Yes	No	
Would you like to receive bills via email?	Yes	No	Email (if different from above)

CUSTOMER AUTHORIZATION

The Customer certifies that all statements made in this application, including any attachments, are true and complete. The Customer acknowledges having read the agreement with Gosfield and accepts the terms and conditions hereof.

Other conditions apply including the terms of service available at <http://gosfieldtel.ca/legal> or by calling (519) 839-4734.

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Signature of applicant

Signature of Co-signer (If applicable)

Date

****APPLICANT OR CO-SIGNER IS RESPONSIBLE
FOR ANY CHARGES FOR SERVICE****

RETURN THIS FORM TO:



Email us

info@gosfieldtel.ca
24/7



Drop off

128 County Rd 34 W,
Cottam, Ontario N0R 1B0



Need help? Live Chat

gosfieldtel.ca
Mon-Fri 8:30am-4:30pm EST

OFFICE USE ONLY

Install Date	Notes
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SERVICE REQUESTED

IPTV	Internet	Phone
Telephone #	Notes	