

Acc# _____

Cell Home Phone Internet Digital TV

APPLICANT INFORMATION

First Name	Last Name
Home Number	Cell Number

SERVICE ADDRESS

Street Address	Apt/Suite	PO Box/RR#
City/Town	Province	Postal Code

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street Address	Apt/Suite	PO Box/RR#
City/Town	Province	Postal Code

Own Home Rent Home Property Owner Letter of Permission Completion

Preferred Method of Contact:

Email Text: _____ Phone: _____ Paperless billing \$1.00 Credit

Email for SmartHub E-bill Login: _____ **Password: (8 Characters)** _____

AUTHORIZED USER

Authorized User 1 : _____
First Last

Authorized User 2 : _____
First Last

I/We understand that the account is my/our responsibility. The charges incurred on this account will be paid in full by the last day of every month for services to remain active. If payment is declined for any reason services will be immediately suspended until said payment is made.

I/We give Brooke Telecom Co-op Ltd. permission to install services at this location or have permission from the building owner to install services and provide instructions on the day of installation for locating the services within the dwelling. The person present for the installation must be over the age of 18.

In connection with my application for service with Brooke Telecom Co-op Ltd., I hereby take notice that Brooke Telecom Co-op Ltd. may be procuring and referring to a consumer credit report regarding my credit information. I hereby consent to the disclosure of such information. I understand and agree that this information will be used to establish service and that a suitable deposit may be required.

I/We declare that I/We are eighteen years of age or over. The above information is and will be true and correct. By signing below, I/We understand and accept the terms & conditions as outlined on the Brooke Telecom website, and/or have requested a copy for personal records.

I/We agree to having funds transferred to Brooke Telecom as part of a Preauthorized Payment Plan. Initial(s) _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Brooke Telecom understands that your privacy is very important and is committed to maintaining the privacy, security & accuracy of your personal information. Brooke Telecom has implemented a Privacy Policy to limit the collection, usage & disclosure of personal information to only what is needed to properly fulfil the requirements for service with Brooke Telecom. Brooke Telecom respects your privacy. Your email will not be shared and will only be used to notify you of anything pertaining to your services with us, such as outages, promotions and billing .



EMAIL US

brooke@brooketel.coop



FAX US

519-844-2077

DROP OFF IN PERSON

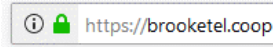
Inwood Office: 3241 Park St.

Watford Office: 5286 Nauvoo Rd

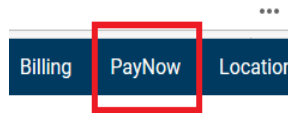
Petrolia Office: 4172 Petrolia Line

How to pay an invoice using Brooke Telecom's PayNow tool

Step 1 - Visit www.brooketel.coop



Step 2 - Click on PayNow



Step 3 - Enter Your Account Information

Welcome to Pay Now!

Account Number:

Last Name Or Business Name:

- Easy Bill Pay with no registration required!
- Use your account number and last name/business name to access your account for payment.

Version: 10.2.1

Step 4 - Enter the amount to be paid

Select All Accounts With a Payment Amount Entered Total amount may differ from your statement due to recent payments and/or adj

Account	Date Due	Total Due	Make a Payment	
<input type="checkbox"/> Account 1060 999-400- OAK STE,	06/30/2019	Paid	\$ <input type="text" value="0.00"/>	<input checked="" type="radio"/> Total Due <input type="radio"/> Other Amount

Thank You

Step 5 - Click Pay Now

\$0.00

Step 6 - Verify Amount and Click Continue

Payment Summary	Payment: \$1.00
Account 1060 999-400- OAK STE,	Payment \$1.00
<input type="button" value="Edit Amount »"/>	Total Payment: \$1.00
<input type="button" value="Continue"/>	

Payment Method

Payment Confirmation

Step 7 - Follow prompts to pay with existing card or enter a new card

Payment Summary	Payment: \$1.00
Payment Method	
<input checked="" type="radio"/> Pay with a new Card	
<input type="button" value="Go Back"/> <input type="button" value="Continue"/>	

Payment Confirmation

"Brooke Telecom strives to deliver quality communication services to our local community with an exceptional experience."

UNLIMITED INTERNET MONTHLY RATES

<input type="checkbox"/> 5MBPS DOWNLOAD, 1MBPS UPLOAD	\$48.00	RECOMMENDED FOR UP TO ONE USER (COPPER)
<input type="checkbox"/> 10MBPS DOWNLOAD, 1MBPS UPLOAD	\$51.00	RECOMMENDED FOR UP TO TWO USERS (COPPER)
<input type="checkbox"/> 20MBPS DOWNLOAD, 1/2MBPS UPLOAD	\$57.00	RECOMMENDED FOR UP TO TWO USERS (COPPER/FIBER)
<input type="checkbox"/> 50MBPS DOWNLOAD, 10MBPS UPLOAD	\$70.00	RECOMMENDED FOR UP TO THREE USERS.
<input type="checkbox"/> 100MBPS DOWNLOAD, 10MBPS UPLOAD	\$85.00	RECOMMENDED FOR UP TO FOUR USERS.
<input type="checkbox"/> 250MBPS DOWNLOAD, 10MBPS UPLOAD	\$95.00	RECOMMENDED FOR UP TO FIVE USERS.
<input type="checkbox"/> 1000MBPS DOWNLOAD, 10MBPS UPLOAD	\$115.00	RECOMMENDED FOR FIVE OR MORE USERS.
<input type="checkbox"/> PREMIUM MANAGED WIFI SERVICE	\$5.00	WIRELESS ROUTER MAINTAINED BY BROOKETEL
<input type="checkbox"/> PREMIUM MESH WIFI EXTENDER	\$4.00	RECOMMENDED FOR FULL HOME COVERAGE

HOME PHONE

<input type="checkbox"/> BASIC HOME PHONE	\$26.12	<input type="checkbox"/> CALL FEATURE BUNDLE	\$10.00
<input type="checkbox"/> CALL DISPLAY	\$5.00	<input type="checkbox"/> VOICEMAIL	\$4.95
<input type="checkbox"/> VISUAL CALL WAITING	\$8.00	<input type="checkbox"/> VOICEMAIL TO EMAIL	\$2.95
<input type="checkbox"/> 3-WAY CALLING	\$3.00	<input type="checkbox"/> CALL FORWARDING	\$3.00
<input type="checkbox"/> CALL TRANSFER	\$3.00	<input type="checkbox"/> SIMULTANEOUS RING	\$3.00
<input type="checkbox"/> DISTINCTIVE RING	\$5.00	<input type="checkbox"/> SELECTIVE CALL REJECTION	\$3.00
<input type="checkbox"/> BUSY CALL RETURN PER USE	\$0.75	<input type="checkbox"/> CALL RETURN PER USE	\$0.75
<input type="checkbox"/> VISUAL CALL WAITING WITH BUNDLE	\$0.99	<input type="checkbox"/> UNLISTED NUMBER	\$4.95

LONG DISTANCE

<input type="checkbox"/> 120 CANADA/USA MINUTES	\$3.50	<input type="checkbox"/> 500 CANADA/USA MINUTES	\$16.50
<input type="checkbox"/> 250 CANADA/USA MINUTES	\$8.50	<input type="checkbox"/> UNLIMITED CANADA/USA MINUTES	\$19.99

HD DIGITAL TELEVISION

<input type="checkbox"/> BROOKE ESSENTIALS (POPULAR CHANNELS)	\$47.00	<input type="checkbox"/> ULTIMATE PACKAGE (ALL CHANNELS)	\$110.00
<input type="checkbox"/> BASIC RECEIVER QTY_____ EACH	\$5.00	<input type="checkbox"/> PVR RECEIVER QTY_____ EACH	\$10.00
<input type="checkbox"/> PVR WHOLE HOME (FIBRE ONLY)	\$2.50		
THEMES PACKAGES			
<input type="checkbox"/> LIVING AND LEARNING	\$12.00	<input type="checkbox"/> LIFESTYLE & ENTERTAINMENT	\$11.50
<input type="checkbox"/> MEGA SPORTS	\$13.50	<input type="checkbox"/> ALL 3 THEME PACKAGES	\$32.00
MOVIE PACKAGES			
<input type="checkbox"/> MEGA MOVIES	\$17.50	<input type="checkbox"/> SUPER MOVIES	\$13.50
<input type="checkbox"/> MORE MOVIES	\$8.50	<input type="checkbox"/> HOLLYWOOD SUITE	\$5.00
<input type="checkbox"/> ALL 3 MOVIE PACKAGE (NOT INCLUDING HOLLYWOOD SUITES)	\$35.00		

OFFICE NOTES

Customer Initials _____

Acc# _____

PAYMENT OPTIONS

PREAUTHORIZED PAYMENT (CHEQUE ATTACHED) VISA MASTERCARD

Card Number: _____

Exp Date: _____

CVV: _____

I /We agree to having funds transferred to Brooke Telecom as part of a Preauthorized Payment Plan.

Initial(s) _____

CREDIT CHECK

SIN: _____

Date of Birth: (m/d/year): _____

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Initial(s) _____

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Name: _____

Date: _____

All Digital Set Top Boxes, TV Service Remotes, Modems, Gigacenters, Wireless Radio, Optical Network Terminals (ONT), and Uninterrupted Power Supply (UPS) installed or provided by Brooke Telecom remain the property of Brooke Telecom.

I, _____ agree that:

(Please Print First Name, Last Name)

- Rental payments, when applicable will commence on the date of installation and shall be due monthly in advance.
- I am responsible for replacement of batteries in remote controls, when required.
- I will not sell, lease, mortgage, transfer, assign or encumber such equipment.
- I will not reconfigure or re-locate such equipment without Brooke Telecom's knowledge and permission.
- I will take reasonable care with all such equipment and make precautions to protect the equipment from hazardous conditions (*extreme heat, moisture, chemicals, etc.*)
- I will be liable for damage or loss of Brooke Telecom's equipment and pay the undiscounted retail value of such equipment, together with any costs incurred by Brooke Telecom in seeking possession of such equipment (current rates outlined below).
- I will be responsible to return all equipment to Brooke Telecom at my expense upon termination of services.
- If any equipment belonging to Brooke Telecom is not returned, I agree to pay Brooke Telecom the undiscounted retail value of such equipment, together with any costs incurred by Brooke Telecom in seeking possession of such equipment (current rates outlined below).
- If the premises become vacated (*ie: a rental home, apartment building or a house to be demolished*), it is my responsibility to notify Brooke Telecom to arrange to obtain all fixed equipment such as the ONT and UPS or Telrad Wireless Radio. If such equipment belonging to Brooke Telecom is damaged, you agree to reimburse Brooke Telecom the undiscounted retail price of such equipment. (*current rates outlined below*)

Signature: _____

Current Equipment Replacement Rates:

<i>Set Top Box</i>	<i>\$250.00</i>
<i>PVR Set Top Box</i>	<i>\$400.00</i>
<i>TV Settop Box Remote</i>	<i>\$20.00</i>
<i>ADSL Modems</i>	<i>\$120.00</i>
<i>Calix 844E Gigacenter</i>	<i>\$200.00</i>
<i>Calix 804Mesh Node</i>	<i>\$150.00</i>
<i>Telrad Wireless Radio</i>	<i>\$300.00</i>
<i>Calix Optical Network Terminals (ONT)</i>	<i>\$400.00</i>
<i>Uninterrupted Power Supply (UPS for ONT)</i>	<i>\$100.00</i>

Acc# _____

Member# _____

Member Application

The undersigned, being a customer of Brooke Telecom Co-operative Ltd., applies for membership in the Co-operative and subscribes for a member share of the Co-operative at the price of \$1.00 per share.

The undersigned represents and warrants that he or she:

a) is the age of eighteen (18) years or over.

b) Please check which is applicable

is a Canadian citizen

is not a Canadian citizen

Print Name: _____

First Name

Last Name

Signature: _____

Date: (m/d/yy) _____

Phone Number: _____

Joint Membership - Secondary

Joint Name: _____

First Name

Last Name

Signature: _____

If you wish NOT to become a member of the Co-operative, please sign below.

Print Name: _____

First Name

Last Name

Signature: _____

Date: (m/d/yy) _____

Phone Number: _____

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