



TRIDON COMMUNICATIONS



Account Setup Information Form

Last Name:		First Name:	
Main Phone Number:	Secondary Phone Number:	Email Address:	
Alternate Contact – Last Name		Alternate Contact – First Name:	
Alternate Phone Number:	Secondary Phone Number:	Alternate Email Address:	
Service Location (Rural Address):			
Town/City:	Province:	Postal Code:	

Package Option

Please choose package option requested

Billing Information

Company Name (Optional):	Mailing Address:	same as above	or:
Billing Address:	same as above	or:	
Town/City:	Province:	Postal Code:	

Credit Card Information

For monthly recurring billing, please fill out the section below and provide a copy of your Drivers License and Credit Card (Front and Back) as part of our fraud prevention program. 'I authorize Tridon Communication to bill my credit card to fulfill payment of my invoices.'			
Card Holder's Name:		Card Number:	
Expiry Date:	CSV Number:	Payment Schedule (Check One)	
		Annually	Monthly
Signature:		Date:	

Acceptable Use Policy can be found [here](#).

Terms of Service Agreement can be found [here](#).

Tridon's Privacy Statement can be found [here](#).

For information or questions, please call: 587 467 2875 or email to tridonnet@tridon.com

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