



ALTO LONG DISTANCE CUSTOMER CONSENT FORM

I choose Gosfield North Communications Co-operative Limited as my long distance provider to replace any long distance provider to whom I am currently subscribed.

I request that my current long distance company provide Gosfield North Communications Co-operative Limited with the necessary billing information so they may bill me for long distance services.

Residential or Business Savings Plan

- Alto Flex 100
- Alto Flex 200
- Alto Flex 500
- Alto Flex 800
- Alto Flex 2000

Residential Savings Plan

- Alto Six to Six

Business Savings Plan

- Alto Interval
- Alto Frequency

Customer Authorization

I/We have the authority to bind this account.

Print Name _____

Account No. _____

Telephone Numbers _____
(all working telephone numbers associated with those listed above will be subscribed)

Customer Signature _____