



Date of Service: \_\_\_\_\_

**Customer Account Information Form:**

*Please complete this form at the time of installation / reconnection. The details supplied below is for accounting and customer contact purposes only. This information will be kept confidential and will not be shared. Upon termination of services this information will be destroyed.*

**PLEASE PRINT CLEARLY**

**Customer Details:**

Customer / Business Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province / State: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Contact Details:**

- Home Tel: \_\_\_\_\_
- Business Tel: \_\_\_\_\_
- Email: \_\_\_\_\_

**Billing Details (attach copy of either a voided cheque or PAD form from financial institution):**

Name of Financial Institution: \_\_\_\_\_

**Bank Account Details:**

- Transit No: \_\_\_\_\_ (5 digits)
- Inst. No: \_\_\_\_\_ (3 digits)
- Account No: \_\_\_\_\_

**Return to Air tech Communications Inc. in person or by email / text  
(attachment)**

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