



Connecting you, your family, your friends...your LIFE!

TELEPHONE



Do you have a home phone? Yes No

Do you have more than one line? Yes No

Current Provider? _____

Bundled with: TV Internet Wireless All

Do you have unlimited calling? Yes No

Do you make long distance calls? Yes No

International calls? Yes No

How much is the monthly bill? \$ _____

INTERNET



Current Provider? _____

Type of service: Cable Dial Up DSL

Wireless Aircard (Provider: _____)

Do you receive unlimited downloads? _____

Bundled with: TV Phone Wireless All

How much is the monthly bill? \$ _____

TELEVISION



Current Provider? _____

Number of Receivers (TVs connected) _____

Months left on contract _____

Do you have: HDTV DVR Both

Bundled with: Internet Phone Wireless All

How much is the monthly bill? \$ _____

WIRELESS



Current Provider? _____

When does your contract(s) expire? _____

Last phone upgrade? _____

How many phones do you have? _____

How many minutes on your plan? _____

What kind of phones do you have? _____

Does your plan include unlimited data/texts?
 Yes No

Access Internet on your phone mostly at home?
 Yes No

Bundled with: Internet Phone Wireless All

Mobile Application:

Do you make long distance or international calls on your mobile phone? Yes No

Are you interested in saving money on your mobile phone bill?
 Yes No

How much is the monthly bill? \$ _____

HOME SECURITY



Do you have a home security system?
 Yes No

Current Provider? _____

Months left on contract? _____

How much is the monthly bill? \$ _____

ENERGY



Current Provider? _____

Type of Service: Electric Natural Gas Both

I'm interested in the following (check all that apply):

- Residential Electricity (Ontario Only)
- Residential Natural Gas (Ontario, British Columbia & Manitoba)
- Business Electricity (Ontario Only)
- Business Natural Gas (Ontario, British Columbia & Manitoba)
- I would like to learn more about living greener

How much your average Electric bill? \$ _____

Your Gas bill? \$ _____

TECHNICAL SUPPORT



Current Provider? _____

Do you perform a regular backup of all your files?
 Yes No

Have you ever had a computer virus? Yes No

Amount spent on average computer repair incident? _____

Total Monthly Amount

\$ _____

Total Yearly Amount

\$ _____

NOTES:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Email _____

Rent Own