



APPLICATION FOR TEMPORARY TELEPHONE SERVICE

****Application must be received by Bell Canada Tradeshow Desk minimum 5 business days prior to requested date .
An accelerated due date can be requested with a additional charge of \$200**

Event Name: "Input Event Name"
Service Address: "Input Service Address"
Room Name/Booth Number: "Input Room Name/Booth Number"
Date Required for Installation (will be completed by 5 p.m. Mon-Fri): "Input Installation Date"
Date Required for Disconnection (will be completed by 8 a.m.) "Input Disconnection Date"
(On-site) Contact the day of Installation: Name "Input On Site Contact Name"
Number "Input On Site Contact Number"
Who do we contact regarding Details of this Application? "Input Application Contact Name"
Tel: "Input Contact Number" Fax: "Input Contact Fax Number" Email: "Input Contact Email"

BILLING INFORMATION:

Company Name: _____ Attention: _____ Tel: _____
Billing Address: _____
City: _____ Prov/State: _____ Postal/Zip Code: _____

Effective Jan 22nd 2007 if an advance facility check is required prior to installation there will be an \$120.00 charge .

*****SERVICE OPTIONS (all service is billed a minimum 1 month; telephone line & DSL are billed separately)*****

OPTION A – Basic Line (no features included)
• \$55.83 - \$78.93 line/month (exact rates depend on area) How many lines required "Input # of Lines"
• Installation charges are \$234.00/line (includes jack)

OPTION B – Basic Line with High Speed Internet up to 6 Mbps
• \$111.83 - \$134.93 per line/month (exact rate depends on are How many lines required "Input # of Lines"
• Installation charges are \$234.00/line (includes jack), \$60.00/High Speed Internet (one time charge, self installation)
• Speed and consistency of Internet service provided are subject to local availability and are not guaranteed.

OPTION C – Basic Line with High Speed Internet up to 6 Mbps and 1 Static IP address
• \$136.83 - \$159.93 per line/month (exact rate depends on area) How many lines required "Input # of Lines"
• Installation charges are \$234.00/line (includes jack), \$60.00/High Speed Internet (one time charge, self installation)
• Speed and consistency of Internet service provided are subject to local availability and are not guaranteed.

****IF YOU HAVE CHOSEN OPTION B OR C****
Do you require a DSL modem rental (included in quoted price) "Yes / No"
Provide address where modem is to be shipped: "Input Shipping Address"

***Do you require any additional features?**
Voicemail "Yes / No" Line Hunting "Yes / No" Call Waiting "Yes / No" Call Forward "Yes / No"
***Do you require a long distance savings plan? "Yes / No" (\$9.95/mnth and 6 cents/per minute – North America)**
***Do you require long distance block on the lines? "Yes / No" (\$5.00 per line/per month)**
***Do you require 900/976 block on the lines? "Yes / No"**

For ISDN service please contact 1-866-242-3131. For T1 service please contact 1-888-875-1843
For conferencing solutions contact **Ash Nagre at 1-866-930-2525 x 8018**
*** For Internet billing inquiries or technical support, please call 1-877-877-2426. ***
****Rates quoted today are subject to applicable taxes & subject to change without notice****
*****Please note that numbers assigned are not guaranteed prior to installation*****

Please return completed form to: Bell Canada (please ensure all fields on form are filled out)
Email: tradeshow@bell.ca Fax: 1-866-350-6606

****Please note- by returning the completed form you are accepting the terms of this application and it is binding****
****REQUESTS ARE PRIORITIZED BY EVENT DUE DATE. ORDER CONFIRMATION WILL BE SENT BY FAX/EMAIL APPROXIMATELY ONE WEEK PRIOR TO EVENT****



Confidential Business Credit Form – 515

Note: ALL applicable fields on this form must be filled out.

A credit deposit may be required during the account initiation process as a prerequisite for activation.

Existing Billing Telephone: _____	Billing Address: _____
Company Name: _____	_____
Type of Business: ** _____	_____
Date Established: ** _____	Other Bell Business Tel #: _____

**Legal Status: Choose 1 of the 3 categories below
And if ** - Field is mandatory**

Sole Owner

Name of Owner ** _____ Tel # _____ - _____ - _____

Contact Name ** _____ Tel # ** _____ - _____ - _____ (for Invoice)

Estimated Long Distance /Month \$ ** _____

E-mail address _____

Cell phone number _____

Partnership

1. Name of Partner ** _____ Tel # ** _____ - _____ - _____

2. Name of Partner ** _____ Tel # ** _____ - _____ - _____

Contact Name ** _____ Tel # ** _____ - _____ - _____ (for Invoice)

Estimated Long Distance /Month \$ ** _____

E-mail address _____

Cell phone number _____

Limited Company

Name of 1st Officer ** _____ Tel # ** _____ - _____ - _____

Name of 2nd Officer _____ Tel # _____ - _____ - _____

Charter or Incorporated number: ** _____

Contact Name ** _____ Tel # ** _____ - _____ - _____ (for Invoice)

Estimated Long Distance /Month \$ ** _____

E-mail address _____

Cell phone number _____

Association

Please choose one of the above, as an Association can be registered as Sole, Partnership or Limited Company.

**** Information is mandatory and if not provided, it will delay the order process and the delivery of services**

Fields without the ** symbol are optional

**Once completed return via fax to 866-350-6606 or via email to tradeshow@bell.ca
PLEASE SIGN AND FAX/EMAIL BACK FOR THE TRADESHOW APPLICATION TO BE COMPLETED**