



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: _____

Service Address: **650 Dixon Rd. Toronto, ON M9W 1J1 (South Building)**

Room Name/Booth Number: _____

Date Required for Installation (will be completed by 5 p.m. Mon-Fri): _____

Date Required for Disconnection (will be completed by 8 a.m.) _____

(On-site) Contact the day of Installation: Name _____

Number _____

Who do we contact regarding Details of this Application? _____

Tel: _____ Fax: _____ 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)

- \$55.06- \$75.26 line/month (exact rates depend on area) How many lines required _____
- Installation charges are \$226.00/line (includes jack)

OPTION B - Internet

- All Requests for Internet Must be booked Directly by the Toronto Congress Centre (AVW Tel AV @ 416-240-7838)

***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 1-888-999-4736. For T1 service please contact 1-888-875-1843

****For conferencing solutions contact Ash Nagre at 1-866-930-2525 x 8018****

******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 Voice Mail: 1-800-414-8424

****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.

Billing Telephone: _____	Billing Address: _____
Company Name: _____	_____
Type of Business: _____	
Date Established: _____	Other Business Tel #: _____
Bank Name: _____	Branch Location: _____
If property leased, name and contact # of owner: _____	

Legal Status: Choose 1 of the 3 categories below

Sole Owner
Name of Owner _____ Res Tel # _____ - _____ - _____
Two Pieces of Identification (i.e.: Driver's License, SIN#, Credit Card - **Health Card not accepted**)
1. _____
2. _____
Contact Name _____ Tel # _____ - _____ - _____
Estimated Long Distance /Month \$ _____
E-mail address _____
Cell phone number _____

Partnership
1. Name of Partner _____ Res Tel # _____ - _____ - _____
2. Name of Partner _____ Res Tel # _____ - _____ - _____
Two Pieces of Identification of each partner (i.e.: Driver's License, SIN#, Credit Card - **Health Card not accepted**)
1. _____ 1. _____
2. _____ 2. _____
Contact Name _____ Tel # _____ - _____ - _____
Estimated Long Distance /Month \$ _____
E-mail address _____
Cell phone number _____

Limited Company
Name of 1st Officer _____ Res Tel # _____ - _____ - _____
Name of 2nd Officer _____ Res Tel # _____ - _____ - _____
Charter or Incorporated number AND Date of incorporation: _____
Contact Name _____ Tel # _____ - _____ - _____
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.

**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**