



APPLICATION FOR TEMPORARY TELEPHONE SERVICE

APPLICATION MUST BE RECEIVED BY BELL CANADA TRADESHOW DESK A MINIMUM OF 5 BUSINESS DAYS PRIOR TO REQUESTED DATE
AN ACCELERATED DUE DATE CAN BE REQUESTED AT AN ADDITIONAL CHARGE OF \$200.00

EVENT NAME: _____
SERVICE ADDRESS: _____
ROOM NAME/BOOTH NUMBER: _____
DATE OF INSTALLATION (MM/DD/YY): _____ DATE OF DISCONNECTION (MM/DD/YY) : _____

(ON-SITE) CONTACT THE DAY OF INSTALLATION

NAME: _____ TELEPHONE: _____

WHO DO WE CONTACT REGARDING DETAILS OF THIS APPLICATION

NAME: _____ TELEPHONE: _____
FAX: _____ EMAIL: _____

BILLING INFORMATION

COMPANY NAME: _____ CONTACT NAME: _____
TEL: _____ BILLING ADDRESS: _____
CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____

SERVICE OPTIONS

ALL SERVICES BILLED MINIMUM 1 MONTH; BUSINESS PHONE LINE AND BUSINESS INTERNET ARE BILLED SEPERATELY
IF AN ADVANCE FACILITY CHECK IS REQUIRED PRIOR TO INSTALLATION THERE WILL BE A \$120.00 CHARGE

(PLEASE CHECK APPROPRIATE BOX & COMPLETE NECESSARY INFORMATION)

CONFIDENTIAL BUSINESS

NOTE: ALL APPLICABLE FIELDS ON THIS
A CREDIT DEPOSIT MAY BE REQUIRED DURING THE ACCOUNT

COMPANY NAME: _____

OPTION A:
BASIC BUSINESS LINE (NO
FEATURES INCLUDED)

- From \$69.00 per line/month (exact rates depend on area)
- Installation charges are \$240.00 per line (includes jack)
- Number of lines required: _____

CREDIT FORM - 515

FORM MUST BE FILLED OUT.
INITIATION PROCESS AS A PREREQUISITE FOR ACTIVATION.

EXISTING BILLING TELEPHONE NUMBER: _____ BUSINESS ADDRESS: _____
TYPE OF BUSINESS: _____ DATE ESTABLISHED (MM/DD/YY): _____
OTHER BUSINESS TELEPHONE NUMBER: _____ FAX: _____

LEGAL STATUS

CHOOSE 1 OF THE 3 CATEGORIES BELOW

SOLE OWNER

NAME OF OWNER: _____ TELEPHONE: ____-____-_____
CONTACT NAME : _____ TELEPHONE: ____-____-_____
(FOR INVOICE)
ESTIMATED LONG DISTANCE/MONTH \$ _____
E-MAIL ADDRESS (OPTIONAL) : _____
CELL PHONE NUMBER (OPTIONAL): _____





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PARTNERSHIP

1. NAME OF PARTNER: _____ TELEPHONE: ____ - ____ - ____
2. NAME OF PARTNER: _____ TELEPHONE: ____ - ____ - ____
CONTACT NAME: _____ TELEPHONE: ____ - ____ - ____ (FOR INVOICE)
ESTIMATED LONG DISTANCE/MONTH \$ _____
E-MAIL ADDRESS (OPTIONAL) : _____
CELL PHONE NUMBER (OPTIONAL): _____

LIMITED COMPANY

NAME OF 1ST OFFICER: _____ TELEPHONE: ____ - ____ - ____
NAME OF 2ND OFFICER: _____ TELEPHONE: ____ - ____ - ____
CHARTER OR INCORPORATED NUMBER: _____
CONTACT NAME : _____ TELEPHONE: ____ - ____ - ____ (FOR INVOICE)
ESTIMATED LONG DISTANCE/MONTH \$ _____
E-MAIL ADDRESS (OPTIONAL) : _____
CELL PHONE NUMBER (OPTIONAL): _____

ASSOCIATION

PLEASE CHOOSE ONE OF THE ABOVE, AS AN ASSOCIATION CAN BE REGISTERED AS SOLE, PARTNERSHIP OR LIMITED COMPANY.

INFORMATION IS MANDATORY UNLESS SPECIFIED AND IF NOT PROVIDED WILL DELAY THE ORDER PROCESS AND THE DELIVERY OF SERVICES

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