



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: **Convenience U CARWACS 2010**
Service Address: **Toronto Congress Centre, South Building**
Room Name: **Hall A/B**
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)
• \$54.87- \$67.11 line/month (exact rates depend on area) How many lines required "Input # of Lines"
• Installation charges are \$226.00/line (includes jack)

OPTION B – Basic Line with High Speed Internet up to 6 Mbps
• \$131.82 - \$144.06 per line/month (exact rate depends on area) How many lines required "Input # of Lines"
• Installation charges are \$226.00/line (includes jack), \$100.00/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
• \$161.82 - \$174.06 per line/month (exact rate depends on area) How many lines required "Input # of Lines"
• Installation charges are \$226.00/line (includes jack), \$100.00/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" (\$8.95mnth 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 1-800-559-5583
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 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: _____ Company Name: _____ Type of Business: _____ Date Established: _____ Bank Name: _____ If property leased, name and contact # of owner: _____	Billing Address: _____ _____ Other Business Tel #: _____ Branch Location: _____
Legal Status: Choose 1 of the 3 categories below	
<input type="checkbox"/> 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 _____	
<input type="checkbox"/> 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 _____	
<input type="checkbox"/> Limited Company Name of 1 st Officer _____ Res Tel # ____ - ____ - ____ Name of 2 nd 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