

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: **SHOWCASE360**

SERVICE ADDRESS: **650 Dixon Road, Toronto ON M9W 1J1 (South Building)**

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)

☐ 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: _____

☐ OPTION B:

BASIC BUSINESS LINE WITH BUSINESS INTERNET
SPEEDS OF UP TO 5 MBPS

- From \$167.00 per line/month
(exact rates depend on area)
 - Installation charges are \$240.00 per line
(includes jack)
 - \$80.00 BUSINESS INTERNET (one time charge, full installation)
 - Number of lines required : _____
- Speed and consistency of Internet service provided are subject to local availability and are not guaranteed.

☐ OPTION C:

BASIC BUSINESS LINE WITH BUSINESS INTERNET
SPEEDS OF UP TO 5 MBPS AND 1 STATIC IP ADDRESS

- From \$192.00 per line/month
(exact rates depend on area)
 - Installation charges are \$240.00 per line
(includes jack)
 - \$80.00 BUSINESS INTERNET (one time charge, full installation)
 - Number of lines required : _____
- Speed and consistency of Internet service provided are subject to local availability and are not guaranteed.

DO YOU REQUIRE ANY ADDITIONAL FEATURES:

VOICEMAIL?	YES / NO
LINE HUNTING?	YES / NO
CALL WAITING?	YES / NO
CALL FORWARD?	YES / NO
A LONG DISTANCE SAVINGS PLAN?	YES / NO
LONG DISTANCE BLOCK ON THE LINES?	YES / NO
900/976 BLOCK ON THE LINES?	YES / NO

MODEM SHIPPING INFORMATION:

☐ (If same as billing information please check box)

If not, please fill out information below:

CONTACT NAME: _____

ADDRESS: _____ CITY: _____

PROV/STATE: _____ POSTAL CODE: _____ TEL: _____

FOR ISDN SERVICE PLEASE CONTACT 1-800-626-4863. FOR T1 SERVICE PLEASE CONTACT 1-888-875-1843
FOR CONFERENCING SOLUTIONS CONTACT US AT 1-866-930-2525 X 8018 OR WWW.BELL.CA/CONFERENCING
FOR INTERNET BILLING INQUIRIES OR TECHNICAL SUPPORT, PLEASE CALL 1-877-877-2426.
RATES QUOTED 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
VIEW THE TERMS AT WWW.BELL.CA/BUSINESSAGREEMENT

REQUESTS ARE PRIORITIZED BY EVENT DUE DATE. ORDER CONFIRMATION WILL BE SENT BY FAX/EMAIL APPROXIMATELY ONE WEEK PRIOR TO EVENT



APPLICATION FOR TEMPORARY TELEPHONE SERVICE

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.

COMPANY NAME: _____
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): _____

☐ **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

