



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: **CANADIAN AVIATION EXPO – April 30th, May 1st and 2nd, 2010**
Service Address: **Canadian Warplane Heritage Museum
9280 Airport Road, Mt. Hope, Ontario L0R 1W0**

Room Name/Booth Number: _____

Date Required for Installation (will be completed by 5 p.m. Mon-Fri): **Friday, April 30th, 2010**

Date Required for Disconnection (will be completed by 8 a.m.): **Monday, May 3rd, 2010**

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

Number of on-site contact: _____

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 "Input # of Lines" _____
• Installation charges are \$226.00/line (includes jack)

OPTION B – Basic Line with High Speed Internet up to 6 Mbps
• \$105.06 - \$125.26 per line/month (exact rate depends on area) How many lines required _____
• Installation charges are \$226.00/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
• \$130.06 - \$150.26 per line/month (exact rate depends on area) How many lines required _____
• Installation charges are \$226.00/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: _____

***Do you require any additional features? Voicemail _____ Line Hunting _____ Call Waiting _____ Call Forward _____**
***Do you require a long distance savings plan? YES NO (\$9.95mnth/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****
***** 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
<input type="checkbox"/> Sole Owner Name of Owner ** _____ Tel # _____ - _____ - _____ Contact Name ** _____ Tel # ** _____ - _____ - _____ (for Invoice) Estimated Long Distance /Month \$ ** _____ E-mail address _____ Cell phone number _____
<input type="checkbox"/> 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 _____
<input type="checkbox"/> Limited Company Name of 1 st Officer ** _____ Tel # ** _____ - _____ - _____ Name of 2 nd 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