TV, Home Phone & Internet Registration Form

Today's Date: _____

Your Company Name: _____ **Your Name:** _____

Customer Information:

Phone #: _____ Alt Phone #: _____

First Name: _____ Last Name: _____

Street Number: _____ Apt #: _____ Street Name: _____

City: _____ Province : _____ Postal Code: _____

New Customer Information:

Email for E-bill: _____

Customer MUST supply two ID numbers and their Date of Birth for the external credit check:

Month: _____ Day: _____ Year: _____ CC#: _____

SIN#: _____ Driver's Licence#: _____

Home Phone:

Preferred Install Date: _____ Alternate Install Date: _____

Phone Number to be Transferred: (if available) _____ Current Provider: _____

Package: _____ Promotion: _____

Add-ons: _____

Internet:

Preferred Install Date: _____ Alternate Install Date: _____

Package: _____ Promotion: _____

Add-ons: _____

TV Hardware & Install Information (Check all that apply):

Customer Type: Is it a new customer: Yes ☐ No ☐ Is it an existing customer: Yes ☐ No ☐

If it is an existing customer, supply existing Account Number: 8 4 5 5 _____

IMPORTANT: YOU MUST SUPPLY THE 16 DIGIT ACCOUNT NUMBER FOR ALL EXISTING CUSTOMERS

Install Date: _____ Install Type: Self ☐ (You bill customer) Professional ☐ (Bell pays installation)

Package: _____ Add-ons: _____

Receivers to Order from TDL:		Rent	Buy
Qty_____	Type _____	☐	☐
Qty_____	Type _____	☐	☐
Qty_____	Type _____	☐	☐
Qty_____	Type _____	☐	☐
Qty_____	Type _____	☐	☐
Qty_____	Type _____	☐	☐

Receivers from Stock:		Rent	Buy
Type _____	R# _____	☐	☐
Type _____	R# _____	☐	☐
Type _____	R# _____	☐	☐
Type _____	R# _____	☐	☐
Type _____	R# _____	☐	☐
Type _____	R# _____	☐	☐

Dish: Yes ☐ No ☐

DPP Twin: Yes ☐ No ☐

DPP Quad: Yes ☐ No ☐

DPP Seperator: Yes ☐ No ☐ Qty _____

DPP44: Yes ☐ No ☐