



BUSINESS APPLICATION FOR TELEPHONE SERVICE

All questions must be answered as accurately as possible. **PLEASE PRINT AND FAX TO 292-8841**
OR CONTACT YOUR BUSINESS SALES REPRESENTATIVE at 299-3222 to have your request processed in a timely manner.

B CONFIDENTIAL

BUSINESS DETAILS

Business Name: _____ Type: Limited Partnership Sole
Full Business Name

Business Address: _____ Postal Code: _____
Registered Office

Mailing Address: _____ Postal Code: _____
If Different From Above

Primary Contact: _____ Contact #: _____ Email: _____

Main Purpose of Operation: _____ Date: _____ # Of Employees: _____
Established in Bermuda

Bank References: _____

LIMITED COMPANY (If Applicable)

Authorized Capital \$: _____ Issued Capital: _____ Paid-Up \$: _____

Subsidiary of a Parent Company? Yes No If yes, Parent Company Name _____

Parent Company Address: _____ Postal Code: _____

Other Subsidiary Business Operated in Bermuda by Parent Company? Yes No

If yes, please specify: _____

Local Directors or Officers of Applicant Business

Name 1: _____ Title: _____

Name 2: _____ Title: _____

Date Established In Bermuda: _____ # Of Employees: _____

Any Other Information: _____

PARTNERSHIP (If Applicable)

Operating Capital \$: _____ Other Business Operated in Bermuda by Partnership? Yes No

If yes, please specify: _____

Partner 1: _____ Title: _____

Partner 2: _____ Title: _____

Name of Manager of Applicant Business: _____ DOB: _____

Home Address: _____ Home #: _____

SOLE OWNERSHIP (If Applicable)

Owner's Name: _____ DOB: _____

Home Address: _____ Home #: _____

Manager's Name _____ DOB: _____

Home Address: _____ Home #: _____

Other Business Operated by owner? Yes No If yes, please specify: _____

Reference 1: _____ Title: _____

Home Address: _____ Home #: _____

Reference 2: _____ Title: _____

Home Address: _____ Home #: _____



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CREDIT AND PAYMENT DETAILS

Name as it appears on card: _____ Type: Visa M/C AMEX

Credit/Debit Card #: _____ - _____ - _____ - _____ Expiry Date: _____

Note: If this account is overdue more than 45 days from date of invoice and provided I have not submitted written notice of dispute, my signature on this agreement authorizes BTC to debit my Credit/Debit Card listed above.

Publish Telephone # Automatic Monthly Payment Electronic Billing - Email: _____

Your new telephone number will be published in the Telephone Directory An instant charged on the 25th of the month following the date of invoice An electronic invoice will be sent to your email. No paper bills will be produced.

LONG DISTANCE CARRIER

To establish long distance service, please contact your Long Distance Carrier of choice directly. Please ensure that **ALL** of the telephone numbers requiring this service are listed.

MAXIMIZE YOUR EXPERIENCE

Establishing a local phone line is only your first step! Maximize your experience with the additional features BTC offers its business customers. Let us know which features you have interest in and a Business Sales Representative will contact you to help determine your needs!

- Voice Solutions**
Sophisticated telephone systems and services for businesses of all sizes
- Data Solutions**
Robust, reliable secure connectivity solutions to facilitate communications between various business locations.
- Add a Single Phone Line**
Do more, in less time! Add an additional phone line to your service
- Calling Features**
Don't Miss Important Calls, Identify Your Callers, Call Faster and Easier, Talk to Multiple Callers & Forward Your Calls
- DSL In Business**
Superfast broadband access for your small business

Bermuda Telephone Company Limited must be notified of any changes to the information contained in this form immediately

Declaration - I agree to the conditions of The Bermuda Telephone Company Limited Telephone Service as set out in the current Bermuda Yellow Pages Telephone Directory, a copy of which I have received and understood. I also agree to accept all debt, collection, legal and other charges incurred in attempting to recover all overdue amounts.

Applicant's Name: _____ Job Title: _____

Signature: _____ Date: _____

BTC Sales Representative: _____