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Audio/Video Streaming

APPLICATION FORM



CABLE & WIRELESS

CUSTOMER DETAILS

Customer Name: _____ Telephone No.: _____ Mobile No.: _____
 Address: _____ Account #: _____
 _____ E-mail: _____ Fax No.: _____
 Company/ Trading Name: _____ Billing Address : _____
 Contact Name: _____

EVENT INFORMATION

EVENT DATE:	EVENT LOCATION (incl. directions):	
EVENT START TIME:	EVENT DESCRIPTION:	
EVENT END TIME:	<input type="radio"/> Wedding <input type="radio"/> Family Event <input type="radio"/> Cultural Event	<input type="radio"/> Media Broadcast <input type="radio"/> Conference & Training <input type="radio"/> Other

SERVICE INFORMATION

<input type="radio"/> Recorded Video Event (2hr)	<input type="radio"/> Recorded Audio Event (2hr)
<input type="radio"/> Live Video Event (1hr)	<input type="radio"/> Live Audio Event (2hr)
<input type="radio"/> Live Video Event (2hr)	<input type="radio"/> Unlimited Audio (per month)

TECHNICAL INFORMATION

For Live Events	Billing/Administrative Contact	Technical Contact
High Speed Line Available? <input type="radio"/> Yes <input type="radio"/> No	NAME:	NAME:
If Yes, List Telephone Number:	E-MAIL:	E-MAIL:

DECLARATION

I agree to pay for the above Services in accordance with the applicable charges and abide by the Company's Terms and Conditions of Service, which I have received, read and agree to be bound by. I also agree that, in the event of non-payment of the account, to pay all legal fees and expenses incurred in the collection of the account including debt collection.

I declare that the information on this application form is true and accurate, and understand that this form is an integral part of the Company's Terms and Conditions of Service.

Customer Signature

Signature: _____ Date: / /
 Name: _____

Accepted for and on behalf of Cable & Wireless (Barbados) Ltd.

Signature: _____ Date: / /
 Name: _____

FOR INTERNAL USE ONLY

SERVICE ADMINISTRATION

Date Installed: _____
 Name: _____
 Signature: _____

TECHNICAL INSTALLATION

Date Established: _____
 Name: _____
 Signature: _____