



APPLICATION DETAILS (Please print in block letters)

1. NAME _____
(First) (Middle) (Last)

OTHER NAME(S) KNOWN BY IN THE AREA _____

2. CONTACT TELEPHONE NUMBER _____

3. INSTALLATION ADDRESS _____

4. NAME & TELEPHONE NUMBER OF CUSTOMER NEAREST YOU _____

5. BILLING ADDRESS (If different) _____

6. DO YOU OWN THIS PROPERTY? YES NO 7. ARE YOU A TENANT? YES NO

8. RELATIONSHIP TO OWNER OR TENANT _____

9. EMPLOYER _____ 10. OCCUPATION _____ 11. OFFICE TELEPHONE NUMBER _____

12. ARE YOU AN EXISTING SUBSCRIBER? YES NO 13. EXISTING TELEPHONE NUMBER _____

14. ARE YOU A PREVIOUS SUBSCRIBER? YES NO 14. PREVIOUS TELEPHONE NUMBER _____

SERVICE DETAILS

1. TELECOMMUNICATION SERVICE YES NO 2. EQUIPMENT HIRE YES NO

3. SERVICE(S) TO BE PROVIDED: TELEPHONE VOICEMAIL FAX PAGER OTHER _____

4. NUMBER OF EXCHANGE LINES REQUIRED: _____ 5. OTHER SERVICES (i.e. MAGIC TOUCH) YES NO _____

6. PROPOSED INSTALLATION/COMMENCEMENT DATE: _____

7. DIRECTIONS TO INSTALLATION ADDRESS: _____

8. INSTALLATION/CONNECTION CHARGE: \$ _____

9. MONTHLY LINE RENTAL: \$ _____

10. DEPOSIT: \$ _____

11. CREDIT LIMIT: \$ _____

12. EX-DIRECTORY CHARGE: \$ _____

IDENTIFICATION

1. DOMINICAN NATIONAL I.D. NO. _____

2. NON-DOMINICAN NATIONALITY: _____ PASSPORT NUMBER: _____

3. SOCIAL SECURITY NUMBER: _____ OTHER I.D. _____

4. FOREIGN ADDRESS _____

5. PURPOSE & LENGTH OF STAY _____