



Service Transfer Application Form

Date: ____/____/____

Customer Present Address **[must be completed]**

Customer Name _____

Customer Address _____

Contact# (H) _____ (W) _____ (M) _____

Email Address _____

Customer Transfer Address **[must be completed]**

Customer Name _____

Customer Address _____

Contact# (H) _____ (W) _____ (M) _____

Email Address _____

Payment Details

Customer agrees to pay EC\$200.00 for the transfer of the Internet Service.

<input type="checkbox"/> Credit Card (please enter below)	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Other	Initial PaymentEC\$ <input type="text"/>	Total Mo. PaymentEC\$ <input type="text"/>
<input type="checkbox"/> Visa	Name on Card <input type="text"/>				
<input type="checkbox"/> Master Card	Card Number <input type="text"/>				
<small>Monthly Payment plans are subjected to 15% ABST</small>	Signature <input type="text"/>			Expiry Date <input type="text"/>	Date <input type="text"/>

For Office Use Only

To be completed by Cashier/ACT Representative

Customer Registration # _____ **Customer Mac Address:** _____

Recommendation / Comments

Identification

Passport # <input type="text"/>	Drivers License # <input type="text"/>	Other <input type="text"/>
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ACT Representative _____

Customer Signature _____