



ACCOUNT NUMBER

Customer Application Form

Title: First Name: Middle Name: Last Name: Alias: D.O.B.:

Identification Type: Passport Driver's License National ID Other (specify) Identification Number:

Citizenship Status: Resident Non-Resident Email Address:

Phone # (Home): Phone # (Work): Mobile #: Alternative #:

Mailing Address:

Location:

(Please indicate location in reference to main roads, landmarks, churches, shops, pole number etc.)

Have you ever had an account with Karib Cable? Yes No If yes please provide Account #:

Type of accommodation: Home Owner Lease Rent Apartment Owner's Name (First/Last):

If your house is already wired please describe: Conduit Underground Surface Previous Owner (First/Last):

Please describe your house for us by ticking which descriptions match best:

Appearance: Wooden Block Single Storey Multi-Level Colour Special Attention: Dogs Gated/Fence Security

Television Services:	
Premium Package	<input type="checkbox"/> \$..... EC
Family Package	<input type="checkbox"/> \$..... EC
Entertainment Package	<input type="checkbox"/> \$..... EC
Movie package	<input type="checkbox"/> \$..... EC
Sports Package	<input type="checkbox"/> \$..... EC
Other Package
Tokens (Pay as you Watch)	<input type="checkbox"/> \$..... EC
Additional TV	<input type="checkbox"/> \$..... EC
Remote Converter	<input type="checkbox"/> \$..... EC
Deposit for The Box	<input type="checkbox"/> \$..... EC
Deposit	<input type="checkbox"/> \$..... EC
Total	\$..... EC

Internet Services:	
Bronze/1.1 MB	<input type="checkbox"/> \$..... EC
Silver/2.2 MB	<input type="checkbox"/> \$..... EC
Gold/ 3.3 MB	<input type="checkbox"/> \$..... EC
Platinum/ 4.4 MB	<input type="checkbox"/> \$..... EC
Cable Modem	<input type="checkbox"/> \$..... EC
Fixed IP	<input type="checkbox"/> \$..... EC
Deposit	<input type="checkbox"/> \$..... EC
Total	\$..... EC

Voice Services:	
Voice (2 Phone Lines)	<input type="checkbox"/>
Handset A	<input type="checkbox"/>
Handset B	<input type="checkbox"/>
Deposit	<input type="checkbox"/> \$..... EC
Assigned Phone Number
Assigned Pack ID
Account #
Total	\$..... EC

Discount Options			
Double Play A – Internet & Voice	<input type="checkbox"/>	Double Play C – Internet & TV	<input type="checkbox"/>
Double Play B – TV & Voice	<input type="checkbox"/>	Triple Play – TV, Internet & Voice	<input type="checkbox"/>

Installation Charges
 Cable Installation: \$
 Internet Installation: \$
 Voice Installation: \$
 Add. TV Inst.: \$

Monthly Recurring Charge
 \$

Activation Fee
 Installation Fee: \$
 Equipment Charges: \$
 Total Deposit: \$
 1st Month Fee: \$
 Total Tax: \$
 Total Activation Fee: \$

Please provide the following Security Information for Customer Identification
 Security Question (e.g. Mothers Maiden name):
 Security Answer:

Special Instructions:

Would you like us to send your bill via Email Yes No
 Would you like us to send you information detailing offers and promotions Yes No

Karib Cable Representative Signature: Date:	I/We declare the information given on this form is true and accurate. I/We have read and accepted the Terms and Conditions of Service.
	Signature: Date: Signature: Date:

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SECOND PROOF