



COMMERCIAL SERVICE APPLICATION FORM

S.C.: _____

- NEW APPLICATION ACCOUNT MODIFICATION RENEWAL OF CONTRACT

COMPANY INFORMATION

COMPANY NAME: _____

TAX IDENTIFICATION NUMBER: _____ TAX EXEMPTION YES NO

BUSINESS TYPE:

RESTAURANT GYM
 BAR SPA
 FAST FOOD STORE RECREATION CENTER
 COFFEE SHOP RETAIL STORE
 OFFICE OTHERS, PLEASE SPECIFY: _____

BUSINESS OWNERSHIP:

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

COMPANY REPRESENTATIVE INFORMATION

FULL NAME: _____

LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH: _____ POSITION: _____

LANDLINE: _____ MOBILE NO. _____ EMAIL: _____
 FAX NO. _____

Company agrees to receive advisories or messages from Mediascape Inc through SMS.

BILLING ADDRESS

UNIT NUMBER _____ FLOOR _____ BUILDING NAME _____

STREET NAME _____ BARANGAY / VILLAGE / SUBDIVISION / LOCALITY _____

MUNICIPALITY _____ PROVINCE _____ ZIPCODE _____

PLAN OPTIONS

- HD BASIC HD PRIMER HD ADVANCE HD MAX

PAYMENT SCHEME

- CASH LEASE

PLAN TO BE PURCHASED

NEW SUBSCRIBER ***EXISTING SUBSCRIBER**

1 BOX 2ND BOX
 2 BOXES 3RD BOX
 3 BOXES

*No Documents Required

CIGNAL KIT	PHP
ADVANCE MSF	PHP
INSTALLATION FEE	PHP
INITIAL CASH OUT	PHP
TOTAL MONTHLY PAYMENT	PHP

INSTALLATION ADDRESS

UNIT NUMBER _____ FLOOR _____ BUILDING NAME _____

STREET NAME _____ BARANGAY / VILLAGE / SUBDIVISION / LOCALITY _____

MUNICIPALITY _____ PROVINCE _____ ZIPCODE _____

BILLING STATEMENT TO BE SENT THROUGH EMAIL (OPTIONAL)

The Company hereby authorizes Mediascape, Inc., to send the monthly billing statement (MBS) as well as any other notices by electronic mail (e-mail) at the e-mail address which is specified herein or such other e-mail address which the Company may notify Mediascape, Inc., of in writing. Transmittal by Mediascape, Inc., of the MBS and any other notices by e-mail shall have the same legal effect, validity or enforceability as transmittal by regular (postal) mail. The Company hereby waives its right to question receipt of the MBS or any other notices to be sent by Mediascape, Inc., to the e-mail address specified herein or such other e-mail address which the Company may notify Mediascape, Inc., of in writing, and the Company shall be deemed to have received the MBS or any other notices from Mediascape, Inc., notwithstanding failure of the specified e-mail address to receive messages through no fault of Mediascape, Inc.

Please write your email address on the box provided

Lock-in Period: HD Plans- Twenty four (24) months from date of activation

Special Promo: Additional _____ months lock-in for _____ promo with _____ total months lock-in.

The Company hereby agrees to maintain in good standing its subscription to Service Provider's Post-Paid Package for the duration of the lock-in period of twenty four (24) months. In the event that prior to the expiration of the Lock-in Period,

- The Company does not maintain its subscription to the Current Package in good standing or the Company's subscription is terminated or the Service is disconnected by the Service Provider pursuant to the terms of the Service Agreement; OR
- The Company voluntarily terminates its subscription to the Current Package in accordance with the terms of the Service Agreement,

The Service Provider or its authorized representative shall retrieve all leased Set Top Box(es) installed in the Company's premises and the Company shall pay the Service Provider the following pre-termination charges (please refer to table below) along with and any and all charges, fees or payables to Service Provider the Company may be liable for pursuant to the Agreement:

CASH	LEASE
P 6,000.00	P 12,000.00

I affirm that I am duly authorized to represent the Subscriber and that the above information are true and correct and that the supporting documents attached are true and correct. I hereby confirm that I have carefully read and understood the Terms and Conditions of this Commercial Direct-to-Home Subscriber Service Agreement ("Agreement") and Outlet Agreement for the Use of Set Top Box(es) (written at the back). I have also reviewed the Service Application Form and made the necessary clarifications with the service team that rendered actual work in the installation address pursuant to this Agreement. The Service Provider is likewise authorized to conduct Quality Assurance and/or Audit Inspection to be scheduled anytime after the Service is installed. It is understood that the data/information supplied in this Commercial Service Application Form shall be treated as confidential and shall not be used for purposes other than that described under the Agreement written at the back. In this regard, the Service Provider is authorized to disclose the data/information supplied in this Service Application Form to third parties for the purposes allowed under the Agreement.

 Signature over Printed Name and Position of Authorized Signatory and Date

TO BE FILLED OUT BY CIGNAL DEALER

Installer's Name: _____ Contact Number: _____

Date of Installation: _____ Dish Reference No.: _____

STB Reference No.: _____	Signal Card Reference No.: _____												
<table border="1"> <tr> <th>STB 1</th> <th>STB 2</th> <th>STB 3</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	STB 1	STB 2	STB 3				<table border="1"> <tr> <th>CARD 1</th> <th>CARD 2</th> <th>CARD 3</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	CARD 1	CARD 2	CARD 3			
STB 1	STB 2	STB 3											
CARD 1	CARD 2	CARD 3											

Dealer Certification
 I have checked and verified that submitted application form and supporting documents to be in accordance with MediaScape requirements.

 Dealer's Signature

SPECIAL INSTRUCTIONS | To Billing / Customer Care / Technical:
