



Service Order Form

Contract No. _____

For Office use only

CUSTOMER INFORMATION (PLEASE PRINT CLEARLY)

LANGUAGE PREFERENCE: English Français

SERVICE INFORMATION: New Service Add to Existing Service. - Account # _____

Port Phone Number: Existing Wireless Carrier Name: _____ Letter of Agency (LOA) Enclosed

First Name _____ Middle Name _____ Last Name _____ Mr/Mrs/Miss/Ms (please circle)

Driver's License _____ Province _____ Date of Birth _____

Social Insurance _____

Day Phone _____ Mobile _____ Fax _____ E-mail _____

Address _____ Apt./Unit# _____

City _____ Province _____ Postal Code _____

Billing Contact Same as above (please skip to the next section)

First Name _____ Middle Name _____ Last Name _____ Mr/Mrs/Miss/Ms (please circle)

Driver's License _____ Province _____ Date of Birth _____

Social Insurance _____

Day Phone _____ Mobile _____ Fax _____ E-mail _____

Address _____ Apt./Unit# _____

City _____ Province _____ Postal Code _____

CELLULAR SERVICE INFORMATION

New Cell Phone Information	One Time Fees	Feature Activation	Per Use Fees
Make _____	Cell Activation Fee _____	Voice Roaming <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Model _____	Shipping Charges _____	Voice Long Distance <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Colour _____	Handling Charges _____	SMS Canada <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Price _____	Security Deposit _____	SMS Roaming <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
	Total Initial Fee \$ _____	GPRS Canada <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
	Total Recurring Fee \$ _____	GPRS Roaming <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
		Directory Assistance cost per use _____	

Rate Plan	Feature Activation	Monthly Recurring Fees
Rate Plan Name: _____	911 Fee _____	
Contract Terms:	System Access Fee _____	
<input type="checkbox"/> No Contract (month to month)	Voice mail <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> 3-month	Caller ID <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> 6-month	Call Waiting <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> 1-year	Call Forward <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> 2-year	3-way Calling <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> 3-year	Manual Invoice <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> Other _____	Detailed Billing <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Note: A Security Deposit may be required on some accounts prior to activation. All amounts shown are subject to applicable Federal and Provincial Taxes.	Manual payment <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

CELLULAR RATE PLAN – PAYMENT OPTIONS

Invoice Method: e-mail - Billing e-mail address _____ Manual Invoice (mailed to billing address)

Initial Payment Method: Cash Cheque Visa MasterCard American Express Others _____

Recurring Payment Method: Cash Cheque Visa MasterCard American Express Others _____

Name (as it appears on the card) _____ Card Number _____

Security code on card _____ Expiry date _____

Special Instructions:

CUSTOMER AUTHORIZATION

By signing below, I acknowledge my acceptance of this agreement and my understanding as follows:

1. I have received a copy of this agreement. I confirm that I am of the age of majority and I agree to the Terms and Conditions of Service.
2. I also acknowledge I am aware of my rights under the Consumer Protection Act, 2002 which is located online at <http://www.e-laws.gov.on.ca/>
3. I understand that for the purpose of this agreement Harmony Mobile Networks may check my credit history to determine credit worthiness.

It is the express wish of the parties that this agreement and any related documents be drawn up and executed in English. **This contract is governed by the provincial laws and the federal laws of Canada applicable therein.**

Customer Signature (Authorization) _____ Date _____

OFFICE USE ONLY

IMEI _____ BAN _____ SIM1 _____

SIM2 _____ CSR _____ SALES REP _____

DATE _____