



Washington Mall Phase 2, 22 Church Street Level, Hamilton, HM-12  
Tel: **441-292-1969** Email: **info@wow.bm** Website: **www.wowbda.com**

## CUSTOMER SIGN UP FORM

### GENERAL INFORMATION

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Service Address: \_\_\_\_\_ Parish: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### BILLING INFORMATION:

Billing Address: \_\_\_\_\_ Parish: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### CONTACT INFORMATION:

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

### IDENTIFICATION INFORMATION:

Photo ID: License No.: \_\_\_\_\_ or Passport No.: \_\_\_\_\_ Date of Birth: dd / mm / yy

### STATEMENT DELIVERY:

Email Account: \_\_\_\_\_

### PAYMENT INFORMATION:

Choose credit/debit card payment option:  Credit Card  Debit Card /  MasterCard  Visa  AmEx

Name: (As it appears on card) \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

Please charge my card on the 15th of each month for my balance due:  Yes  No

### DIGITAL PACKAGE SELECTION:

Local  Basic  Classic  High Definition

**MOVIE PAKS:**  Cinemax  HBO  Showtime  TMC  Max Pak (SportsMax / SportsMax2)  Flow Sports  RUSH Sports

Number of Set-Top-Boxes Required: \_\_\_\_\_

### PAYMENT AUTHORIZATION:

I confirm that I am at least 18 years of age and, as the authorized signatory, I confirm that payment is due by the payment due date on the invoice for WOW service. Payment can be made by automatic debit/credit card. If payment is not received by the due date, WOW reserves the right to charge your debit/credit card listed on this application. If I am signing for service on someone else's behalf, I am responsible for any amount out-standing if not paid. I will be responsible for all debt collection, legal and other charges incurred by WOW in attempt to recover all overdue amounts. I certify that all information provided in this application is correct and true. I give WOW permission to obtain information from any source to verify statements in this application.

Signature: \_\_\_\_\_ Date: dd / mm / yy

### OFFICIAL USE:

Account #: \_\_\_\_\_ STB #: \_\_\_\_\_ Access Card #: \_\_\_\_\_

Comments: \_\_\_\_\_

Customer Care Associate: \_\_\_\_\_