



SALESMAN CODE: _____

Full Name: _____ Required

Mobile No.: _____ Required

Land Line No.: _____ Required

E-mail: _____ Required

Birthdate: _____ Subscriber agrees to receive advisories or messages from Cignal TV Inc. thru SMS and e-mail.

Installation Address:

House/unit No. Floor Bldg. Name

Street Name Baranggay/Village/ Subd.

Municipality/City Province Zip Code

CIGNAL SUBSCRIPTION

POSTPAID (Lease)

Plan options:

 490 630 830 990 1290 1590

Plan to be purchased:

New Subscriber Existing Subscriber

 1 Box 2 Boxes 2 Boxes 3 Boxes 3 Boxes 4 Boxes* 4 Boxes* *For Plan 1590 only

PREPAID (Cash)

Package options:

SD 300 400 430HD 590

Required Document: Valid ID

For Postpaid Subscribers only

Billing Statement to be sent thru e-mail

 I hereby authorize Cignal TV, Inc., to send me my monthly billing statement (MBS) as well as any other notices by electronic mail (e-mail) at the e-mail address which I have specified in this form or such other e-mail address which I may notify Cignal TV, Inc., of in writing. Transmittal by Cignal TV, Inc., of my MBS and any other notices by e-mail shall have the same legal effect, validity or enforceability as transmittal by regular (postal) mail. I hereby waive my right to question receipt of the MBS or any other notices to be sent by Cignal TV, Inc., to the e-mail address I have specified above or such other e-mail address which I may notify Cignal TV, Inc., of in writing, and I shall be deemed to have received the MBS or any other notices from Cignal TV, Inc., notwithstanding failure of my e-mail address to receive messages through no fault of Cignal TV, Inc.

Billing Address:

House/unit No. Floor Bldg. Name

Street Name Baranggay/Village/ Subd.

Municipality/City Province Zip Code

RESIDENTIAL SERVICE APPLICATION FORM

I undertake to pay the Service Provider the following pre-termination charges (please refer to computation below) and all charges, fees or payables to Service Provider I may have pursuant to the Agreement:

Pre - Termination Fee = Plan MSF x Remaining Months or P6,000, whichever is higher.

Example:

Plan 990	_____	P990
		X
Remaining Months	_____	10
Pre - Termination Fee		= P9,900

For Postpaid & Prepaid Subscribers

I affirm that the above information is 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 Residential Direct-to-Home Subscriber Service Agreement ("Agreement") 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 my premises pursuant to this Agreement. I also hereby authorize the Service Provider to conduct a Quality Assurance and/or Audit Inspection to be scheduled anytime after the Service is installed. I understand that the data/information supplied in this Residential 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, I hereby authorize the Service Provider to disclose the data/information supplied in this Service Application Form to third parties for the purposes allowed under the Agreement.

Subscriber acknowledges and agrees that he has received, read, understood and agrees to be bound by all of the conditions set forth in the Outlet Agreement written at the back, including the terms and conditions set forth in the Agreement on the back side hereof.

Signature over Printed name and Date

To be filled up by Cignal Dealer / Sub-Dealer only

Installer's Name : _____ Contact Number: _____

Date of Installation: _____ Dish Reference No: _____

STB Reference No.: _____ Cignal Card Reference No.: _____

STB 1	STB 2	STB 3	SC 1	SC 2	SC 3
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Dealer / Sub-Dealer Certification

I have checked and verified that submitted application form and supporting documents to be in accordance with Cignal TV, Inc. requirements.

Signature over Printed Name and Date

SPECIAL INSTRUCTIONS | TO BILLING / CUSTOMER CARE / TECHNICAL:

Acknowledged by: _____
Customer's Name & Signature