



Powered by: **buenavistacatv**  
digital broadband services  
Blk 7 Lot 9-10, Paseo de Sta. Barbara  
Sta. Barbara, Iloilo (5002)  
Contact No. (033) 503 7872

Date \_\_\_\_\_  
 New Application     Reconnection  
 Renewal                 Change ownership

**APPLICATION FORM**

Name/Business Name/Company Name

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Authorized Signatory \_\_\_\_\_ Position \_\_\_\_\_ Birth Date (MM-DD-YYY) \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

**SUBMITTED DOCUMENTS**

ID TYPE \_\_\_\_\_ I. D. NUMBER \_\_\_\_\_

Utilities Bill \_\_\_\_\_  Others \_\_\_\_\_

Permits \_\_\_\_\_

Email address for sending your billing statement \_\_\_\_\_

**SUBSCRIPTION PACKAGE**

	PACKAGE AVAILED	MONTHLY RECURRING RATE	INSTALLATION CHARGE	OTHER PAYMENTS
<b>CABLE SUBSCRIPTION</b>				
<b>INTERNET SUBSCRIPTION</b>				
<b>Channel Packages</b>				
1				
2				
3				
4				
5				
<b>VALUED ADDED SERVICES</b>				
<b>Other Services</b>				
<b>TOTAL</b>				

**CONTRACT TERM:** \_\_\_\_\_

**TECHNICAL REQUIREMENTS**

SITE A	SITE B
_____	_____
_____	_____
Person to Contact/ Contact No.	Person to Contact/ Contact No.
_____	_____

**Applicants Declaration and Signature**

The Applicant/undersigned/ authorized signatory certifies that the above information are true and correct, and has read and understood the conditions stated in the Service Agreement duly signed.

Printed Name and Signature of Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

**for Panay Broadband Only**

Sales Agent Code No.: \_\_\_\_\_ Encoded by: \_\_\_\_\_

Sales Agent Signature: \_\_\_\_\_