

Call 225-0053/4 or 225-9336
Fax 227-7269
Email dslsales@gtt.co.gy
Web www.gol.net.gy

APPLICATION FORM



GT&T **Broadband** DSL *Lightning Speed Internet Access*

Customer Information

Name _____

Service Address _____

Billing Address _____

I.D. or P.P. _____

DSL # _____ Contact # _____

Place of Employment _____

Designation _____

E-mail Address _____

Service Requirements

Select a 256 Kbps (\$9,980 Monthly)

Bandwidth: 384 Kbps (\$20,000 Monthly)

512 Kbps (\$33,250 Monthly)

Distance of DSL Phone Jack¹ From PC _____ Ft.

PC has Network Interface Card (required)

UPS or Power Stabilizer available for Modem (required)

Installer GT&T Vendor Self

1. Please note that the computer must be within 15 Ft. of the DSL telephone wall jack.

Are you moving to another service address within the next 6 months? Yes No

Which of the following items would you like GT&T to provide? DSL Modem (\$15,640) DSL Filter (\$500)

Official Use

DSL # _____

Service Order # _____

Billing # _____ S/O # _____

LP Test Results: Pass _____ Fail _____

Installation Date _____

Monthly Rental _____

CPE Installation:

Customer Owned CPE _____ GT&T CPE _____

Prepared By _____ Date _____

Approved By _____ Date _____

Declaration

I hereby apply for DSL Internet Service, particulars of which are included above and agree to be bound by GT&T Digital Subscriber Line Internet Service Terms & Conditions that are contained in the accompanying leaflet. If the service requirements outlined above are not satisfied you are required to pay an installation fee of no less than \$19,000.

Signature _____

Date _____

Name _____

J ob Title _____