



SERVICE CANCELLATION FORM

CUSTOMER NUMBER: _____

CUSTOMER NAME: _____

ADDRESS: _____

DAY TIME CONTACT NUMBER: _____

As the authorized signatory, I wish to cancel the following TBI services:

PHONE/CARD NUMBERS: _____

EFFECTIVE CANCELLATION DATE: _____

Day/Month/Year

To help us improve customer satisfaction, please list your reason(s) for cancellation.

- No longer required
- Leaving Island
- Changing Carrier to _____ Why? _____
- Dissatisfied with service. Why? _____
- Other _____

Please charge all final invoices to my debit/credit card.

CREDIT/DEBIT CARD CHANGE:

NEW CARD TYPE: MASTERCARD VISA AMERICAN EXPRESS

NAME (AS APPEARS ON CARD): _____

DEBIT/CREDIT CARD#: _____ **EXPIRATION:** _____
MONTH /YEAR

I certify all information provided in this form to be true.

CUSTOMER SIGNATURE: _____ **DATE:** _____

FORWARDING EMAIL (FOR FINAL INVOICE): _____

EMAIL TO TBI_CUSTOMERSERVICES@TELEBERMUDA.COM OR FAX TO 441-296-9010

<i>Internal Use Only</i>	Date Received:	Processed By:
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