



SERVICE REVISION FORM

CUSTOMER NUMBER: _____

As the authorized signatory, I wish to have the following information revised pertaining to my TBI service: (Only insert information that you wish to have changed)

CUSTOMER NAME: _____

BILLING NAME: _____

ADDRESS: _____

DAY TIME CONTACT NUMBER: _____

ADDING NUMBERS: _____

CANCELING NUMBERS: _____ **EFFECTIVE:** _____

- PRODUCT:** Simply the Best Freedom INFINITY
- ANYTIME USA, UK & Canada ANYTIME Europe ANYTME Caribbean
- ANYTIME Middle East & Africa ANYTIME Asia Pacific ANYTIME Central/South America
- HomeLink Calling Card 2020TBI

I acknowledge that TBI will use this e-mail address to bill me for services provided by electronic invoice ONLY.
Failure to receive such and invoice does not constitute a valid claim for failure to make payment.

EMAIL: _____

CUSTOMER SIGNATURE: _____ **DATE:** _____

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

CREDIT/DEBIT CARD CHANGE:

NEW CARD TYPE: MASTERCARD VISA AMERICAN EXPRESS

NAME (AS APPEARS ON CARD): _____

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

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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