



# TFC Subscription Form

APPLICATION DATE

Month	Day	Year

## SUBSCRIBER INFORMATION

NAME OF SUBSCRIBER  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

CONTACT NUMBERS  
a. Home Landline (AREA CODE) + PHONE NO. \_\_\_\_\_ b. Office Number (AREA CODE) + PHONE NO. \_\_\_\_\_  
c. Mobile Phone (AREA CODE) + PHONE NO. \_\_\_\_\_ d. FAX Number (AREA CODE) + PHONE NO. \_\_\_\_\_

(optional) GENDER:  Male  Female  
(optional) DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

ADDRESS  
A. Home Address \_\_\_\_\_ B. E-mail Address \_\_\_\_\_ @ \_\_\_\_\_  
Street \_\_\_\_\_ Suite / Apt. # \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Postal Code \_\_\_\_\_

COMPANY NAME  
C. Company Address \_\_\_\_\_ D. Company E-mail Address \_\_\_\_\_ @ \_\_\_\_\_  
Street \_\_\_\_\_ Suite / Apt. # \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Postal Code \_\_\_\_\_

**NOTE:** Your IPTV box will automatically be activated on the 8th day after receiving the box. Customer Intials: \_\_\_\_\_

## SUBSCRIPTION DETAILS (Please choose the subscription package that you want)

TFC PACKAGE (Select One)	MONTHLY SUBSCRIPTION FEE
<input type="checkbox"/> PREMIUM	\$29.99
<input type="checkbox"/> PLUS: TFC & (must select one) <input type="checkbox"/> LIFESTYLE <input type="checkbox"/> BRO <input type="checkbox"/> CINEMA ONE	\$22.99
<input type="checkbox"/> LITE	\$16.99
<input type="checkbox"/> LIVE	\$12.99
<input type="checkbox"/> LIFESTYLE	\$8.99
Shipping & Handling Fee <input type="checkbox"/> \$25.00 <input type="checkbox"/> WAIVED	
Activation Fee <input type="checkbox"/> \$25.00 <input type="checkbox"/> WAIVED	
STB <input type="checkbox"/> \$125.00 each subject to Terms and Conditions of the Subscription Agreement <input type="checkbox"/> FREE	

(Check one if applicable)

Not a TFC Subscriber  Current TFC Subscriber  
 Former TFC Subscriber

If any checked, TFC through (circle one):

DirectTV  
Cable  
Other: \_\_\_\_\_

WHERE DO YOU WANT YOUR TFC SET TOP BOX (STB) DELIVERED?

Home  Company

## SUBSCRIBER PAYMENT METHOD

INITIAL PAYMENT (select one):

Option 1:  Credit Card  
Type of Credit Card:  VISA  MC  AMEX  DISCOVER  Other: \_\_\_\_\_  
Card No. [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ]  
Expiring: \_\_\_\_/\_\_\_\_ CVC Code: \_\_\_\_\_  
Credit Card Billing Address:  HOME  COMPANY  Other (specify): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Option 2:  Bank Account  
Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_

Option 3:  Payment to TFC Authorized Dealer/Agent

SUCCESSING MONTHLY SUBSCRIPTION PAYMENTS (select one):

Option 1:  Yes, I wish to have my credit card automatically debited each month.  Check if same card above.  
Type of Credit Card:  VISA  MC  AMEX  DISCOVER  Other: \_\_\_\_\_  
Card No. [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ]  
Expiring: \_\_\_\_/\_\_\_\_ CVC Code: \_\_\_\_\_  
Credit Card Billing Address:  HOME  COMPANY  Other (specify): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Option 2:  Yes, please deduct my monthly subscription from my bank account:  
Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_

Option 3:  Yes, send me a monthly TFC bill to my address (select one):  HOME  COMPANY

## (FOR TFC DEALER USE ONLY)

Dealership Name: Fil-Am Int'l Dealer Code: 7000213 Promo Code (if applicable): \_\_\_\_\_

Dealership Phone No. 1-388-271-7746 Mac No. \_\_\_\_\_

Purchase at (must fill):  TFC Tambayan @ City \_\_\_\_\_  Event Name: \_\_\_\_\_ City: \_\_\_\_\_  Other \_\_\_\_\_

CONNECTION DETAILS: What is the SPEED of your service? \_\_\_\_\_ M (Mbps) Who is your broadband service provider? \_\_\_\_\_

Note: A speed of 2 Mbps is required for TFCvod to operate efficiently.

## SUBSCRIBER AUTHORIZATION

By signing this Form, I authorize ABS-CBN International and its dealers to use any information provided above for the following purposes: to administer my subscription, to customize advertising sent to me, to fulfill my requests for products and services orders by me, to improve ABS-CBN International's services to me, and to conduct market research and analysis based on anonymized data and report the results to the internal and external clients, affiliated or related companies and/or partners of ABS-CBN International (the "Affiliates") and to disclose the provided information in connection with the transfer by ABS-CBN International of any of its business to any successor.

I authorize ABS-CBN International, its dealers and the Affiliates to use the information provided above to: inform and contact me by Email and other methods about other ABS-CBN International and/or the Affiliates' programs such as promotional offerings, new products and new services and to send newsletters and announcements to me.

Please check this box if you do not want ABS-CBN International, its dealers and the Affiliates to use the information provided above to inform and contact you about other ABS-CBN International and/or the Affiliates' programs such as promotional offerings, new products and new services and to send newsletters and announcements to you.

I hereby confirm that the foregoing information is true and correct. I further agree and acknowledge that ABS-CBN International is under no obligation to accept my application, and has the absolute right to deny the same at its sole determination upon acceptance by ABS-CBN International. However, the application shall constitute my agreement to subscribe to the above service in accordance with the terms hereof.

DD / MM / YY \_\_\_\_\_ Subscriber's Name (Print) \_\_\_\_\_ Subscriber's Signature \_\_\_\_\_

Kindly send TFC form via Fax or email:  
1-866-861-2928 or mila@filipinotvchannel.com

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