

## Account Request for Entities Not Funded by UCF

**Instructions:** Complete all fields of this form then return with the deposit and a copy of your organization's W-9 to Computer Services & Telecommunications (CS&T).

**Deposit:** CS&T requires a **\$200.00 deposit** from all other non-stated entities, e.g. contractors and vendors. The deposit will be held until the end of lease contract. Checks and money orders should be made payable to the University of Central Florida. There is no credit card payment option; we are unable to process that form of payment.

**Organization Name** \_\_\_\_\_

**Billing Address:** Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
(No PO BOX addresses please)

**Primary Contact:** Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Authorized Organization Representative having Budget Authority:**

I, the undersigned, certify that I am the duly appointed/elected representative/officer of the above named organization and that all of the above information is true and correct. I have legal authority to obligate this organization and I accept responsibility for this organization's paying for any service it receives from the University of Central Florida Computer Services & Telecommunications.

\_\_\_\_\_  
(initial) I understand that no services will be rendered until the \$200.00 deposit is received and processed.

\_\_\_\_\_  
(initial) I understand that services are billed at actual cost and any invoices received from CS&T are due UPON RECEIPT.

\_\_\_\_\_  
(initial) I understand that if full payment has not been received by 15 days from original billing date, services will be disconnected (fees apply) and will only be reconnected (fees apply) after a Telecommunications Request Form (TRF) is sent and processed.

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
(type or print name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Current rates and services can be found online in the CS&T Service Catalog ([www.cst.ucf.edu](http://www.cst.ucf.edu)).

**Fee Schedule:**

Product/Service	Installation	Disconnection	Reconnection
Phone (per line)	\$60.00 (\$82.50 w/ voicemail)	\$ 22.50 (\$45.00 w/ voicemail)	\$60.00
Cable TV (per outlet)	\$45.00	None	\$45.00
Data	\$45.00	None	\$45.00
UCF.COM (per outlet)	\$200.00	None	\$45.00
Other	Varies	Varies	Varies

**Initial Service Request:**

A Telecommunications Request Form (TRF) may be needed to complete your request. All future requests will **require** a TRF.

Date needed \_\_\_\_\_ Disconnect date (optional) \_\_\_\_\_

Location: Building \_\_\_\_\_ Room \_\_\_\_\_

Type of Service: Phone      Cable TV      UCF.com      Other

Details (e.g. how many lines, long distance/voicemail needed, analog/digital etc):

**Office Use Only**

Approved by \_\_\_\_\_ Received Date \_\_\_\_\_ Ck/MO No. \_\_\_\_\_ Ck/MO Amt \_\_\_\_\_ W-9 rec'd? \_\_\_\_\_