



UCF IT Telecommunications

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 UCF IT Telecommunications

Deposit: UCF IT Telecommunications 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 Information Technologies & 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 UCF IT 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 UCF IT Service Catalog (www.cst.ucf.edu). Fee Schedule:

Table with 4 columns: Product/Service, Installation, Disconnection, Reconnection. Rows include Phone, Cable TV, Data, UCF.COM, and Other.

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):

Empty rectangular box for providing details.

Office Use Only

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