

Customer Authority Form (Individual)

Customer Details & Primary Authorised Contact			
Title:	First Name:	Last Name:	Driver's License No:
Residential Address:		Suburb:	State: Postcode:
Contact Phone Number:	Mobile Phone Number:		Date of Birth:
Email Address:			
Monthly Account Notification Email will be sent to this email address unless you choose to receive a paper invoice			
<input type="checkbox"/> Tick for mailed paper invoice (Please note charges apply)			
Alternate Authorised Contact #1			
Title:	First Name:	Last Name:	
Contact Phone Number:	Mobile Phone Number:		Date of Birth:
Email Address:			
Alternate Authorised Contact #2			
Title:	First Name:	Last Name:	
Contact Phone Number:	Mobile Phone Number:		Date of Birth:
Email Address:			
Product Selection			
Rebill PSTN/ISDN:	<input type="checkbox"/> Complete Form: Rebill PSTN,ISDN		
SIP	<input type="checkbox"/> Complete Form: SIP		
Data Services (ADSL2+, ADSL2+ Bundle, NBN, NBN Voice):	<input type="checkbox"/> Complete Form: ADSL2+,ADSL2+ Bundle,NBN, NBN Voice		
Mobile or Mobile Broadband:	<input type="checkbox"/> Complete Form: Mobile and Mobile Broadband		
By signing this form, you agree that;			
<ul style="list-style-type: none">▪ This agreement is between "You" as entered under Customer Details, and "Us" listed on our website.▪ You have provided information on this form which is true and correct.▪ You are the account holder or you are authorised by the account holder to act on their behalf with regards to this application which may include the transfer of existing services and/or the activation of new services.▪ You have read and accept all sections of Our Customer Terms, available on our website or via email at any time. All products and services are provided on the basis of your agreement to all the terms and conditions contained within Our Customer Terms.			
Signature: _____			
Name (Please print):			
Date:			