



...a little bit of paperwork

Service Application for Telcotalk Communications, ABN 41 480 509 430, LEVEL 21/201 Miller St, North Sydney, NSW 2060.
 Call 1300 720 591 | Fax 1300 720 561 | Email info@telcotalk.com.au | Go to www.telcotalk.com.au

1 Customer	2 Phones	3 Mobiles	4 Internet	5 Payment
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Business Customers				
Legal Entity		Trading As		
ACN/ARBN		ABN		Years Trading
Contact Title	Mr	Name	Position	
Address 1		Address 2		
City/Suburb		State	NSW	Postcode
Billing Address (if different from above)				
Address 1		Address 2		
City/Suburb		State	NSW	Postcode
Telephone		Mobile	Fax	
Email		Desired Online Password		

Home Customers				
Title	Mr	Name		
Drivers License / Passport No		Date of Birth		
Address 1		Address 2		
City/Suburb		State	NSW	Postcode
Telephone		Mobile	Fax	
Email		Desired Online Password		

Billing Options				
<input type="checkbox"/> Post Bill	<input type="checkbox"/> Email Bill	<input type="checkbox"/> Itemise Bill	<input type="checkbox"/> Auto Pay (please section 5)	

Declaration

I (the Customer) apply to Telcotalk Communications for the supply of Telephone Services for the service numbers listed in section 2 and or for the supply of Mobile services for the service numbers listed in section 3 and for the supply of internet services as specified in section 4 and for the supply of any equipment related to the provision of any of these services as specified in this Application. I acknowledge that: Telephone Services and or Mobile Services and or Internet Services are provisioned subject to the Standard Customer Agreement and or Summary Customer Agreement which is a standard form of agreement for the purpose of Part 23 of the Telecommunications Act1997 (Cth) as filed with the Australian Communications Authority from time to time. By signing this Application I agree that I have been given the opportunity to read, or I have read, and agreed to abide by the terms and conditions set out in the Standard Customer Agreement and or Summary Standard Customer Agreement: This Application is deemed accepted by Telcotalk Communications at the time my Telephone Services or Internet Services are activated or for Mobile Services at the earlier of the time my mobile Services are activated or my SIM card is delivered; For Telephone Services, if I agree to a minimum term contract, under section 2 of this agreement, then early termination charges will apply if I terminate during that minimum term. Early termination charges will be as specified in section 2 of this agreement. For Mobile Services, if I agree to a minimum term contract, under section 3 of this agreement, then early termination charges will apply if I terminate during that minimum term. Unless otherwise stated in section 3, the early termination charge is calculated by totaling the minimum monthly spend plus any additional monthly handset costs and multiplying this total figure by the remaining months left of the minimum term. For Internet Services, if I agree to a minimum term contract, as specified in section 4 of this agreement, then early termination charges will apply if I terminate during that minimum term. Early termination charges will be as specified in section 4 of this agreement By executing this application the signatory warrants that the signatory is duly authorized to execute this application on behalf of the customer set out in Section 1.

Important notice: If you are residential customer, a sole trader or partnership in NSW or a customer in the Northern Territory you are entitled to rescind (i.e. cancel) the contract you made at any time within the 5-business day cooling off period for NSW (that ends 5 clear business days from Application) and 10-calender day cooling off period for Northern Territory (that begins on the day we accept this Application), by sending a cancellation notice.

Privacy & Spam

We will collect personal information about you or information about your company, including but not limited to your electronic contact details such as email address and telephone service numbers. If you would prefer that we do not use your personal information and/or business information for direct marketing and/or for sending commercial electronic messages, as denied under the SPAM ACT 2003, please check this box

Credit Checks				
Name of Current Employer		Length of Time with Current Employer		
Work Contact Number		Previous address details (if at current address for less than 2 years):		
Address 1		Address 2		
City/Suburb		State	NSW	Postcode

Prior to accepting your application, you have provided to us all information relevant to our assessment of your credit rating. You consent and acknowledge that you: Understand that the (Section 18(E)(1) Privacy Act 1988) allows us to give a credit reporting agency certain personal information about you; The information we disclose to a credit reporting agency includes permitted information which will allow you to be identified, the fact that you have applied for credit and the amount, the fact that we are a current credit provider to you, repayments that are more than 60 days overdue and for which debt collection action has started, information that in our opinion you have committed a serious credit infringement (that is, acted fraudulently or shown as intention not to comply with your credit obligations) and cheques drawn by you for \$100 or more which have been dishonored more than once; Agree to our obtaining from a credit reporting agency a credit report containing information about your personal credit worthiness for all purposes of assessing your application and assisting in collecting overdue payments and to our obtaining information about your commercial activities or commercial credit worthiness (Section 18L(4) Privacy Act 1988) from any business which provides information about the commercial credit worthiness of persons, your accountant or any other supplier to you; Agree to our giving to and obtaining from any credit provider named in your Application or in a credit report (Section 18N Privacy Act 1988) on you issued by a credit reporting agency, information about your credit arrangements for the purpose of assessing your Application, notifying a default by you, allowing another credit provider to ascertain the status of your arrangements with us where you are in default with one or more other credit providers and generally assessing your credit worthiness; and Understand the information exchanged can include any information about your business, personal and/or commercial credit worthiness, credit standing, credit history or credit capacity which the Privacy Act allows credit providers to give to or receive from each other.

Your Autograph			
Authorised Representative Signature		Authorised Representative Name	
Position (Business Customers)		Date	

Office Use Only	
Account Number:	
Dealer/Referring Name	Dealer Code/Referring Account Number
Additional Comments:	

Services								
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Churn	New	Service Number	Service Type	Department	Plan	Term	Long Diist	Full Serv
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		PSTN			months	<input type="checkbox"/>	<input type="checkbox"/>

ISDN Number Range From _____ to _____ ISDN DAL

Telephone Company from _____ Telephone Company to _____ **Telcotalk Communications**

Early Termination Fee or Calculation _____

Special Terms

Inbound Services								
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New	Port	Service Number	Answer Point	Overflow	Complex Routing	SmartNumber ROU PIN (if app)	Setup Fee	Monthly Fee
<input type="checkbox"/>	<input type="checkbox"/>				No		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>				No		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>				No		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>				No		\$	\$

Wholesale Carrier Name _____ Wholesale Carrier Account No _____

Transfer Authority	
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I, the authorised signatory, have responsibility for dealing with telecommunications matters and am authorised to sign this transfer authority and make the changes to the services listed in section 2 above and agree that The telephone service number(s) under the accounts identified in section 2 above are to be transferred to Telcotalk Communications. I acknowledge that the service numbers provided in section 2 above are correct and correspond to the service numbers I require to be transferred to Telcotalk Communications. A porting charge may apply for each 13, 1300 or 1800 service number. There may be consequences from the transfer arising from my existing telephone contract and it is my responsibility to check the terms and conditions of any existing contracts relevant to the services being transferred. Telcotalk Communications may choose my carrier. I acknowledge that I may surrender all incentives and benefits with my current telephone company (eg. Discount plans, charity concessions). Telcotalk Communications can ask my current telephone company to release me. I authorise Telcotalk Communications to sign on my behalf and in my name forms of authority to my current Supplier to transfer my services into my name. The telephone service number(s) will remain active with my current telephone company until the transfer is effective. I will be solely responsible to Telcotalk Communications for all charges incurred by me on the service numbers I have provided to Telcotalk Communications for transfer to them, after the date the transfer is effective. I understand I will still be responsible to my current telephone company for any charges which are incurred and/or billed up to the date the transfer is effective. I will contact my current telephone company in relation to providing service and any faults until the transfer is effective.

Your Autograph			
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Authorised Representative Signature	Authorised Representative Name
Position (Business Customers)	Date