



...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 Business Customers	2 Phones	3 Mobiles	4 Internet	5 Payment
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Legal Entity		Trading As		
ACN/ARBN		ABN		Years Trading
Contact Title	Mr	Name	Position	
Address 1		Address 2		
City/Suburb		State	NSW	Postcode
<b>Billing Address (if different from above)</b>				
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
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I (the Customer) apply to Telcotalk Communications for the supply of Telephone Services for the service numbers listed in section 2 and for the supply of any equipment related to the provision of any of these services as specified in this Application. I acknowledge that: the Telephone Services is 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 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. 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 my 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. Unless otherwise stated in section 2, the early termination charge is calculated by totaling the minimum monthly spend (line rental) plus any additional monthly hardware costs and multiplying this total figure by the remaining months left of the minimum term. 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
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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
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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 Distance	Full Service
<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
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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

**Direct Debit Request (from Credit / Debit Card or Bank Account)**
 **Direct Debit from Credit / Debit Card**

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Diners	<input type="checkbox"/> BankCard
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Card Number	Expiry Date	(MM/YY)
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Cardholders Name (as on card)

 **Direct Debit from Bank Account**

Name of Financial Institution	Branch of Financial Institution
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BSB Number	Account Number
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**Direct Debit Schedule:**

Commencement Date	Day to process Direct Debit each month (e.g 12 <sup>th</sup> )
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I/we authorise and request Telcotalk Communications to debit the account indicated above for any outstanding amount shown on the bill on the due date each month.

**Your Autograph/s**

Authorised Representative Signature 1		Authorised Representative Signature 2	
Authorised Representative Name 1		Authorised Representative Name 2	
Position (Business Customers)		Position (Business Customers)	
Date		Date	

**Our commitment to you:** This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Telcotalk Communications and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

**Initial terms of the arrangement:** In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for telecommunications and associated services.

**Drawing arrangements:** The first drawing under this Direct Debit arrangement will occur on the due date of your first bill from us on or after the commencement date you have agreed to above. If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the previous business day preceding the scheduled drawing date. We will give you at least 14 days notice in writing or some other means of your choice when changes to the initial terms of the arrangement are made. This notice will state any changes to the initial terms. If you wish to discuss any changes to the initial terms please contact our customer service team during business hours on 1300 720 591 or via e-mail at info@telcotalk.com.au.

**Your rights:** Changes to the arrangement: If you want to make changes to the drawing arrangements please contact our customer service team during business hours on 1300 720 591 or via e-mail at info@telcotalk.com.au. These changes may include: deferring the drawing; or altering the schedule; or stopping an individual debit; or suspending the DDR; or canceling the DDR completely.

**Enquiries:** Direct all enquiries to us, rather than to your financial institution, and these should be made at least 10 working days prior to the next scheduled drawing date. All communication addressed to us should include your 6 digit customer account number. All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account. If information will not be kept confidential, you may wish to explain how, why and to whom this information will be made available to.

**Disputes:** If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting our customer service team during business hours on 1300 720 591 or via e-mail at info@telcotalk.com.au. Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them. If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim within 5 business days (for claims lodged within 12 months of the disputed drawing); or within 30 business days (for claims lodged more than 12 months after the disputed drawing). You will receive a refund of the drawing amount if we can not substantiate the reason for the drawing.

**Your commitment to us:** It is your responsibility to ensure that your nominated account can accept direct debits (your financial institution can confirm this); on the drawing date there is sufficient cleared funds in the nominated account and you agree to advise us if the nominated account is transferred or closed. If your drawing is returned or dishonoured by your financial institution, we will contact you to arrange an alternative method of payment. Late payment fees may apply. Any transaction fees payable by us in respect of the above will be added to your monthly bill from us.