



TelcoWorx (Aust) Pty Ltd
 ABN: 85 125 591 004
 Unit 2A, 87 Webster Road
 PO BOX 3046
 STAFFORD QLD 4053
 PH: 1800 TELCOWORX
 FX: 1300 919 232
 Email: info@telcoworx.com.au

1300 / 1800 NUMBER(S) ENTITY TRANSFER FORM

Thank you for choosing **TELCOWORX (Aust) Pty Ltd**. All information provided by you is held in strict confidence and is not used for any purpose other than the direct provision and support of **TELCOWORX (Aust) Pty Ltd** business communications and associated services.

SECTION 1 – ACCOUNT DETAILS:

PLEASE TYPE YOUR DETAILS IN THE HIGHLIGHTED FIELDS

* INDICATES MANDATORY FIELDS

(OFFICE USE)

PLEASE TYPE YOUR EXISTING **TELCOWORX (AUST) PTY LTD** ACCOUNT NUMBER HERE:

SECTION 2 – NEW BUSINESS DETAILS:

LEGAL ENTITY NAME: <i>(PLEASE PRINT)</i>	*	<input style="background-color: yellow;" type="text"/>	
ABN:	*	<input style="background-color: yellow;" type="text"/>	
NEW TRADING NAME: <i>(IF APPLICABLE)</i>		<input style="background-color: yellow;" type="text"/>	
TYPE OF BUSINESS:		<input style="background-color: yellow;" type="text"/>	
PHYSICAL ADDRESS: <i>(NO PO BOXES ACCEPTED)</i>	*	<input style="background-color: yellow;" type="text"/>	
POSTAL ADDRESS: <i>(IF DIFFERENT FROM ABOVE)</i>		<input style="background-color: yellow;" type="text"/>	
CONTACT NAME:		FIRST & SURNAME:	<input style="background-color: yellow;" type="text"/>
DRIVER'S LICENSE NUMBER:	*	<input style="background-color: yellow;" type="text"/>	DOB * <input style="background-color: yellow;" type="text"/>
CONTACT NUMBERS:		MOB: *	<input style="background-color: yellow;" type="text"/>
		PH: *	<input style="background-color: yellow;" type="text"/>
		FX:	<input style="background-color: yellow;" type="text"/>
PRIMARY EMAIL ADDRESS: <i>(LARGE PRINT PLEASE)</i>	*	<input style="background-color: yellow;" type="text"/>	
BILLING EMAIL ADDRESS: <i>(LARGE PRINT PLEASE)</i>	*	<input style="background-color: yellow;" type="text"/>	

SECTION 3 – EXISTING 1300 / 1800 SERVICE(S):

PLEASE PRINT YOUR **EXISTING** 1300 / 1800 SERVICE NUMBER (S) YOU ARE TRANSFERRING IN THE SPACE PROVIDED BELOW.

1300
(NUMBERS ONLY PLEASE NOT LETTERS)

MY EXISTING 1300 PHONE NUMBER WILL BE ANSWERING IN AUSTRALIA TO MY:

PHONE / FAX DESTINATION NUMBER:

OR

MOBILE DESTINATION NUMBER :

1300
(NUMBERS ONLY PLEASE NOT LETTERS)

MY EXISTING 1300 PHONE NUMBER WILL BE ANSWERING IN AUSTRALIA TO MY:

PHONE / FAX DESTINATION NUMBER:

OR

MOBILE DESTINATION NUMBER :

1800
(NUMBERS ONLY PLEASE NOT LETTERS)

MY EXISTING 1800 PHONE NUMBER WILL BE ANSWERING IN AUSTRALIA TO MY:

PHONE / FAX DESTINATION NUMBER:

OR

MOBILE DESTINATION NUMBER :

1800
(NUMBERS ONLY PLEASE NOT LETTERS)

MY EXISTING 1800 PHONE NUMBER WILL BE ANSWERING IN AUSTRALIA TO MY:

PHONE / FAX DESTINATION NUMBER:

OR

MOBILE DESTINATION NUMBER :

SECTION 4 – EXISTING ACCOUNT HOLDER CONSENT TO TRANSFER:

EXISTING LEGAL ENTITY NAME:
(PLEASE PRINT)

*

EXISTING TRADING NAME:
(IF APPLICABLE)

ABN:

*

As authorised officer for the above entity, I authorise the transfer of this account to the new entity named in Section 2.

NAME:
(PLEASE PRINT)

SIGNATURE:

DATE:

SECTION 5 – BILLBUDDY PTY LTD DIRECT DEBIT AUTHORISATION:

TELCOWORX'S NOMINATED TELECOMMUNICATIONS NATIONAL BANKING PAYMENT COLLECTIONS AGENCY – **BILL BUDDY PTY LTD**)

REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY BILL BUDDY PTY LTD

SURNAME / COMPANY NAME:

GIVEN NAMES OR ACN/ABN:

Request and authorise Bill Buddy Pty Ltd (the User) (User ID number 320813) to arrange for any amount Bill Buddy Pty Ltd may debit or charge you on behalf of TelcoWorx (Aust) Pty Ltd to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions as set out herein and in accordance with Telcoworx' Terms and Conditions[and any further instructions provided below].

IF DEBITING AN ACCOUNT OTHER THAN A CREDIT CARD INSERT DETAILS HERE

FINANCIAL INSTITUTION'S NAME:

NAME OF ACCOUNT:

BSB NUMBER:

ACCOUNT NUMBER:

Please note: If you are unsure of your correct BSB and / or account number, please contact your financial institution or check your last bank statement.

ACKNOWLEDGEMENT

By signing this direct debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Bill Buddy Pty Ltd as set out herein and in accordance with Telcoworx' Terms and Conditions. Further, you expressly authorise Bill Buddy Pty Ltd to draw any fees from the account nominated in this form.

IF DEBITING A *CREDIT CARD ACCOUNT INSERT DETAILS HERE

**(Please note that any credit card transactions will appear on your statement as "Bill Buddy")*

NAME AS IT APPEARS ON CARD:

CARD NUMBER:

EXPIRY DATE:

CARD TYPE:

MASTERCARD VISA

CCV NUMBER:

(Last 3 digits on the back of the card)

ACKNOWLEDGEMENT

By signing this request you authorise Bill Buddy Pty Ltd to enter a charge against your nominated credit card for an amount and frequency directed by the Biller indicated in the "Biller Use Only" section at the bottom of this form. I understand that any credit card transactions will appear on my statement as "Bill Buddy". Furthermore you agree to reimburse Bill Buddy Pty Ltd for any successful claims made by the cardholder through their financial institution against Bill Buddy Pty Ltd. ** Please note that direct debits from a Credit Card transaction will attract a 2% transaction fee and a \$1.00 minimum fee.

SIGNATURE OF ALL ACCOUNT / CARD HOLDERS

(If signing for a company, sign and print full name and capacity for signing e.g. Director)

SIGNATURE

DATE

ADDRESS

SECTION 6 – DECLARATION:

By signing the below you agree that:

1. You have printed out, read and agreed to the TelcoWorx (Aust) Pty Ltd Terms and Conditions found at [terms and conditions](#).
2. You understand that current rates are published online at [our Rates](#) web page.
3. You understand TelcoWorx (Aust) Pty Ltd may perform a credit check upon application.
4. You agree to test each and every requested service to your satisfaction PRIOR to printing any material and / or publishing any document containing the service number (s) requested.
5. You are the legally authorised person to make application and sign upon behalf of the entity noted above.
6. You are not under any contract and **you will provide TelcoWorx with one full calender month's notice to cancel** services.

NAME:
(PLEASE PRINT)

SIGNATURE:

DATE:

NOW PLEASE FAX THIS COMPLETED FORM ASAP TO **1300 919 232 OR (03) 8677 1896 OR** scan and email to info@telcoworx.com.au

We thank you for your application and you will be contacted shortly.

SPECIAL INSTRUCTIONS HERE: