

VocalTone Networks Australia Pty. Ltd

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 Australia

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 Fax: +61-2-9629 3801
 E-Mail: info@vocaltone.com.au
 Website: vocaltone.com.au

Telecommunication Service Application Form
(Please use BLOCK Letters)

Customer Details	
Name of Company	
Trading Name/Names	
ABN	
ACN	
Address	
Street	
City	
State	
Postal Code	
Contact Name	
Telephone	
Fax	
Email	

Initial Service Term	12 Months
Billing Currency	Australian Dollars
Plan Type	Plan 01(Plan 9.99)

Do you need Secondary Forwarding Numbers? Vocaltone Referral Credit-Referrer Details
If yes Please select preferred area code

	Area Code	State/City	Vocaltone Acct# or Agent ID	Telephone #
1				
2				

Method of payment

Select payment method (choose one of the following)
Telephone and internet banking – Bpay <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Auto Debit <input checked="" type="checkbox"/>

Credit Card details *		
Credit Card Number	Expiry Date	Visa <input type="checkbox"/> Master <input type="checkbox"/> Last three digits of backside:
Name on card	Card holder's signature	

* Payments overdue by 14 days may be charged with a late fee surcharge up to maximum 5% for due amount.

Declaration	
I have authority to provide this information and I confirm these details are correct. I agree that execution of this application form is legally binding. I hereby apply for the Vocaltone Networks Australia services listed above and acknowledge that the service will be provided subject to the terms and conditions as shown on website www.vocaltone.com.au . I hereby confirm that I accept the terms conditions for use as specified.	
Signature	Date

OFFICE USE ONLY

Account No:
Pin No:

Entry Date:

Card Validated: