Agent Code:	

Better Telecom Fixed Wire Service Form

(ABN: 58 115 815 435) PO Box 7108, Alexandria NSW 2015

Call: **1300 xxx xxx** for assistance. Fax to **1300 xxx xxx**

Better Telecom Authority to Change Provider of Services

PLEASE PRINT CLEARLY

Company or Organisation Details:

Company/Individual Name:			
A.B.N./DOB:		Existing Better Telecom Account Number:	
Service Address:			
Suburb:		State:	Postcode:

Plan Details:

Plan Name:	

Please list the fixed wire service numbers you wish to have transferred over to your Better Telecom account below. I understand Better Telecom will be my supplier for all telephone services including line rental, local calls, long-distance, fixed to mobile and international calls.

Service Numbers:

- I have read and agree to the Better Telecom Terms and Conditions.
- I have received and understand the Better Telecom rate sheets.
- I am the telephone account holder or am authorised to switch the above services to Better Telecom.
- I authorise Better Telecom to take any further action, including signing documents on my behalf, to provide this service.
- The information provided on this form is true and correct.
- I will inform Better Telecom in writing if I decide to change my services.

Customer Signature:	**X**		
Title / Position:		Date:	/ /