

Agent Code:	
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Better Telecom Account Application Form

(ABN: 58 115 815 435) PO Box 7108, Alexandria NSW 2015
Call: **131 501** for assistance. Fax to **1300 789 027**

Thank you for selecting **Better Telecom Pty Ltd. (A.B.N: 58 115 815 435)** as your provider of telecommunications. All information provided below is held in strict confidence by Better Telecom and is not used for any purpose other than the direct provision and support of telecommunications services.

PLEASE PRINT CLEARLY

Company or Organisation Details

<input type="checkbox"/> Company/Organisation Name:	
Trading Name: (If different from above)	
A.C.N./A.B.N.:	

Individual or Partnerships (only required if not a company or organisation)

<input type="checkbox"/> Individual Name:		Date of Birth:	/	/
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Address Details

Trading Address:					
Suburb:		State:		Postcode:	
Postal Address: (If different from above)					
Suburb:		State:		Postcode:	
Email Address for Billing:					

Contact Details

Customer Contact Name:		Account Password:			
Additional Account Contact Names:					
Phone:		Fax:		Mobile:	

Better Telecom will provide a 14 day tax invoice on a designated anniversary billing date of each month. Payment will be automatically debited from your credit card on the due date. If payment is received by any other alternative payment method prior to the due date, your card will not be debited. Direct debit from a bank account is also available.

Card Type:	MasterCard	Bankcard	Visa	Amex	Diners (Please circle one)
Name On Card:				CVV:	
Card Number:				Expiry Date:	/

- I have read and agree to the Better Telecom Terms and Conditions.
- I have received and understand the Better Telecom rate sheets.
- I understand Better Telecom may perform a credit check upon application.
- I will inform Better Telecom in writing if I decide to change my services.

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