

Agent Code:	
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	Better Telecom Transfer Of Ownership (ABN: 58 115 815 435) PO Box 7108, Alexandria NSW 2015 Call: 131 501 for assistance. Fax to 1300 789 027
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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

Section A: Existing Account Holder Details

Existing Account Number:	
Company/Individual Name:	
Trading Name: (If different from above)	
A.C.N./A.B.N./DOB:	

- I consent to the transfer of ownership of this account/services to the new account holder listed below.
- I agree to pay for all charges incurred up until the period of changeover.
- I understand there may be a delay in the receipt of charges during this period.

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

Section B: New Account Holder

Company/Individual Name:	
Trading Name: (If different from above)	
A.C.N./A.B.N./DOB:	

Service Numbers:

I wish to transfer:

- All services on the existing account.
- Only the service numbers listed below: (please enter numbers below)

- I agree to the transfer of ownership of the account/services owned by the previous account holder.
- I agree all details in this transfer of ownership are true and correct.
- I understand the transfer of ownership is subject to payment of previous invoices by the existing account holder.
- I have read and agree to the Better Telecom Terms and Conditions.
- I understand there will be a cost of \$59 per fixed wire service in this transfer.

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

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	Better Telecom Account Application Form
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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:		Mobile:	
Additional Account Contact Names:			
Phone:		Fax:	

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:	/	/