



# Additional Service Authorisation Form - Fixed Line Service BUSINESS

## Customer Details

ACN Account ID: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mr  Mrs  Ms  Miss  Dr

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

The applicant must be the authorised contact person.

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

## ACN Service Details

### I request and authorise the transfer of the following telephone service number(s) to ACN:

| Telephone: | Current Local Service Provider: | ACN International Bonus Option* |
|------------|---------------------------------|---------------------------------|
| ( ) _____  | _____                           | <input type="checkbox"/>        |
| ( ) _____  | _____                           | <input type="checkbox"/>        |
| ( ) _____  | _____                           | <input type="checkbox"/>        |

\*This option incurs an additional monthly fee. Refer to [www.acnaustralia.com.au](http://www.acnaustralia.com.au) for details.

### Service Address

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Authorisation to Transfer Service

I apply for the supply of telecommunications services from Australian Communications Network Pty Limited ('ACN'), as set out in this Additional Service Authorisation Form, its attachments, and in ACN's Standard Form of Agreement, a copy of which can be found at [www.acnaustralia.com.au](http://www.acnaustralia.com.au). With regards to the transfer to ACN of my local and long distance services (local, national, international and calls to mobiles) ('Services') from my current provider of telecommunications services:

1. I authorise and request the transfer of Services from my current service provider to ACN.

2. I acknowledge that:

- (a) I am authorised to request the transfer of the Services to ACN;
- (b) by transferring my services I may lose benefits, functions and facilities provided by my current provider and that new Services will be provided by ACN;
- (c) my services will remain active with my current provider until the transfer to ACN has been completed and I remain responsible to my current provider for any charges incurred prior to my services being transferred to ACN;
- (d) there may be consequences from the transfer arising from the contract(s) with my current provider and it is my responsibility to check the terms and conditions of such contract(s);
- (e) ACN and any other carrier or provider of telecommunications services, may exchange call charges, account and other information. I appoint ACN as my agent to perform any necessary transfer processes and to complete any documentation for these purposes, including the signing of such documentation on my behalf to effect such transfer.

3. I understand that:

- (a) I will be solely responsible to ACN for all charges relating to the use of the Services incurred after the date of transfer; and
- (b) I must contact my current provider in relation to the provision of any services and the rectification of any faults until the transfer to ACN is effective.

4. I confirm that the numbers listed on this form and its attachments are correct and correspond with those I request to be transferred to ACN. I indemnify ACN for any loss or damage suffered by it as a result of the numbers being incorrect.

5. I authorise ACN to choose (pre-select) my long distance provider.

Customer Signature:

\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Signature of the customer or authorised person who by signing warrants he/she has authority to do so on behalf of the customer.

**Fax to: 1300 880 609 or mail to: Australian Communications Network, Reply Paid 80069, North Sydney NSW 2059**