



For Customer Service
please call 1800 636 758

Customer Application Form, Porting Authority & Direct Debit Request

southern cross
TELCO
The clear alternative.

Consultant's Name	Team/Dealership	Customer no. (if existing SCT Customer)	Password for phone/internet enquiries
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APPLICANT DETAILS

Company Name (Legal Name) and Trading Name (if applicable) or Full Name:		Company ABN or DOB:	
Street Address:	Suburb:	State/Territory:	Pcode:
Billing Address (if different from above):	Suburb:	State/Territory:	Pcode:
Contact Name and Role in Company:	Email:	Tel (Fixed):	Fax:
Driver's License No. or other Photo ID:	State of Issue (Driver's License)		
(Referred By) Name:	(Referred By) Contact No.		

Service Types Required (Tick all applicable services)	Fixed Line	<input type="checkbox"/>	Billing Options	OR	Email (default delivery method)	<input type="checkbox"/>	*I consent to this email address being used for the delivery of invoices, notifications and marketing material from Southern Cross Telco Ltd and its related bodies corporate.
	Internet	<input type="checkbox"/>			Paper by Mail	<input type="checkbox"/>	
	Mobile	<input type="checkbox"/>					

FIXED LINE SERVICE

Plan Type	<input type="text"/>	Full Service	<input type="checkbox"/>	Long Distance	<input type="checkbox"/>																																								
AREA CODE & SERVICE NUMBER	TYPE OF SERVICE	AREA CODE & SERVICE NUMBER	TYPE OF SERVICE																																										
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INTERNET SERVICE

Plan Type	<input type="text"/>	Service Type:	ADSL	<input type="checkbox"/>	Dial Up	<input type="checkbox"/>	Mobile Broadband	<input type="checkbox"/>																				
Service number for Internet (include area code)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Transfer	<input type="checkbox"/>	New Service	<input type="checkbox"/>	Password	<input type="text"/>	
Email address	<input type="text"/>	@sctelco.net.au	Hardware Required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please specify	<input type="text"/>																			

Relocation of your service within the first 6 months will result in a fee of \$209, thereafter the relocation fee is reduced to \$99. An Early Termination Fee of \$110 is applicable. Following completion of installation, additional Mail Boxes and Aliases can be arranged through Customer Service.

APPLICANT DECLARATION

As the Legal Lessee or duly authorised representative for the service numbers listed in this application, I/we hereby apply for Southern Cross Telco Ltd ABN 60 066 034 400 ("SCT") Services as specified and acknowledges that SCT will bill me for the Services requested.

Services will be supplied through network operators ("Carriers") nominated by SCT and I/we agree that SCT may change Carriers at any time without reference to me. I/We hereby authorise SCT to notify any relevant Carrier to effect any such changes, including authority to change Carriers by pre-selection.

I/We acknowledge that I/We remain connected to my existing services until SCT's services have been activated. The Applicant acknowledges that such services will only be provided after acceptance of this application by SCT and in particular following credit checks. The Applicant understands and agrees to the SCT Terms and Conditions and acknowledges that SCT Services will be provided in accordance with the SCT Service Terms and Conditions which the applicant has read and understood.

I/We agree to SCT obtaining from a credit reporting agency a report containing personal credit information in relation to personal or commercial credit provided by SCT, or otherwise as set out in SCT Service Terms and Conditions.

The Applicant by its duly authorised officer, attests to understanding and accepting the SCT Service Terms & Conditions.

IMPORTANT NOTICE TO THE PURCHASER - You have a right to cancel this agreement within 10 days from and including the day you sign/receive the Customer Agreement. Important details about your rights are set out in the Cancellation Notice provided with this document.

Name of Applicant One:	Signature of Applicant One:	Date:
(If applicable) Name of Applicant Two:	Signature of Applicant Two:	Date:



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Customer no. (if existing SCT Customer)

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MOBILE SERVICE

Mobile Number	Handset Model	Upfront Payment	Plan Type	Current Service Provider and Network (write "New" for new service request)	Current Account Number/ or DOB for Prepaid Services	User Name
		\$				
		\$				
		\$				
		\$				

CUSTOMER PORTING AUTHORISATION:

I declare that I have a contractual right to the MSN(s) shown above and am authorised to request porting of the MSN(s). I acknowledge that I have been advised that by Porting the MSN(s), any services and/or Related Services associated with the MSN(s) may or may not be disconnected from the Losing Service Provider and may result in finalisation of the account for the service(s). I authorise the MSN, the Gaining Service Provider and the Network Type (SCT Mobile GSM) to be disclosed to other Network Provider and portability Service Suppliers for the purpose of routing of calls, customer network fault management and routing of SMS messages to that MSN after porting activity. I acknowledge that I have been advised by SCT that if I continue to use the existing handset, it may need to be unlocked and/or reprogrammed prior to porting.

Signature of Applicant :	Date:	Requested Porting Date
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CUSTOMER ACKNOWLEDGEMENT:

I acknowledge that I have been advised by SCT that although I may have the right to Port the Mobile Service Number(s), there may be costs and obligations associated with the existing mobile service(s) and Porting the Mobile Service Number(s). I may or may not be in an existing contract with the current Carriage Service Provider(s). The contract may or may not include an obligation to make early termination payments to the current Carriage Service Provider(s).

The Applicant by its duly authorised officer, attests to understanding and accepting the SCT Service Terms & Conditions.

Signature of Applicant :	Date:
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PAYMENT METHOD

(Please tick one box)

Direct Debit from Bank Account (complete *Schedule 1*) OR

Debit from Credit Card (complete *Schedule 2*)

Direct Debit Request and Authority To Debit the account named below to pay Southern Cross Telco Ltd

Company Name (Legal Name) Trading Name (if applicable) or Surname:	ABN or Given names:
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request and authorise *Southern Cross Telco* (ABN 60 066 034 400) to arrange for any amount SCT may debit or charge (as described in Schedule 1 or 2) as specified below and subject to the terms and conditions of this Direct Debit Request. This Direct Debit Request allows for SCT (Direct Debit User ID 124292) to debit the nominated account until further notice in writing through the Bulk Electronic Clearing System held at the financial institution identified below, subject to the terms and conditions of the Direct Debit Request Service Agreement a copy of which I have received, read and understood, and any further instructions provided below. Debits may be made fourteen days after the issue of a billing advice.

Schedule 1:

FINANCIAL INSTITUTION	BRANCH
NAME OF ACCOUNT	BSB
	ACCOUNT NUMBER

ACKNOWLEDGEMENT: By signing this Direct Debit Request I/We acknowledge having read and understood the terms and conditions governing the debit arrangements between SCT and me/us as set out in this Request and in your Direct Debit Request Service Agreement. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement. I/We confirm account details are correct and that this request is signed by the required number of authorised signatories.

Signature of Applicant One:	Date:	Signature of Applicant Two: (if applicable)	Date:
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Schedule 2:

Credit Card Authority to Debit

Cardholder's Name:	CREDIT CARD NUMBER:																		
Cardholder's Signature:	Card Type [†] :																		

[†]VISA, AMEX, Diners, or MasterCard. A surcharge of 1.9% will be applied to payments made using VISA or MasterCard, and 3.75% for payments using AMEX or Diners Club.