



OFFICE USE: _____	Plan (LD)
Agent No.: _____	_____
Application No.: _____	_____

Best Rates III

This form must be signed by the Telstra account holder in your household.

Company Name:		ABN No.:	
Mr/Mrs/Ms	First Name:		
Surname:		Date Of Birth:	
Unit No.:	Street No.:	Street Name:	
Suburb:		State:	Post Code:
How long have you been at this address: _____ months _____ years		Rent	Own
Home No.:		Mobile No.:	
Mailing Address:			
Occupation:		Work No.:	
Your current email address <i>(Required for service confirmation purpose):</i>			
ID Details:	Driver's Licence	Passport	Medicare Card
ID No.:	Expiry Date:		
Others: _____			

Telephone Service: Is the telephone in your name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Current Carrier:	<input type="checkbox"/> Telstra	<input type="checkbox"/> Optus
Others: _____)				

Phone number(s):	Best Rates III – Direct	Best Rates III – Line Rental
6 Month Contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Services: <small>(Telstra customer only)</small>	Switch from your current company to Astron	Phone line connection (socket exists) \$59
	Connection with a technicians visit \$125	New phone line request \$299

Credit Card Details <i>(Optional for credit reference purpose only)</i>					
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master	<input type="checkbox"/> Diners	<input type="checkbox"/> AMEX	<input type="checkbox"/> Bankcard
Cardholder's Name: _____					
Card No.:				Expiry Date: _____ / _____	

Acknowledgement:

I certify that the telephone number is registered in my name and I have the authority to make this change/transfer. Astron will bill me for calls made from my telephone lines or services, if applicable, in accordance with Astron's current prices. The service will be provided subject to the provisions of Astron's terms and conditions. ASTRON, credit providers and the Carrier(s) may exchange call charging and company account information. If applicable, I authorise Astron to charge my credit card for all amounts owed to Astron when those amounts become overdue and which I have not disputed by giving Astron written notification of the dispute.

Full Service Transfer authorization if applicable:
I authorise Astron to make arrangements with my current telephone company for the transfer of lessee of my lines and accounts to Astron. I understand I will still be responsible to my current telephone company for any charges which are incurred and billed up to the date the transfer is effective. I acknowledge that I may surrender all incentives and benefits with my current telephone company. The telephone service number(s) will be transferred with their current status. I will contact my current telephone company in relation to providing services and any faults until the transfer is effective. I certify that nobody in my household requires priority or emergency services from Telstra for health or medical reason or suffers from a medical condition which may require emergency service, as Astron cannot provide such service.

Signature: _____ **Date:** _____

Full Name: _____

Your Introducer's Details (if applicable):	Name:	Phone No.:	Astron A/C No.:
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Mail to: Reply Paid 210, Astron Communication and Information Services Pty Ltd, PO Box 210, Chatswood NSW 2057

Fax it to: 1300 788 318

Customer Service Hot Line:
1300 72 42 72

