

Great Saver Plan Application Form



Office Use Only

Agent Number:

Application Number:

This form must signed by the authorised telephone account holder of the household

| | | | |
|---|-----------------------------------|--|---------------------------------|
| Company Name: | | ABN No.: | |
| Contact Person: Mr/Mrs/Ms | First Name: | | |
| Surname: | | Position: | |
| Office Address: | | | |
| Postal Address (if different from the above): | | | |
| Phone No.: | | Fax No.: | |
| Mobile No.: | | Email (must): | |
| ID Details (if applicable): | | | |
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Passport | <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Others |
| ID No.: | | Expiry Date: | |

Phone number(s) to be connected (Note: This service is available to customers with 6 or less PSTN lines only):

| | |
|--------|--------|
| () | () |
| () | () |
| () | () |

International Cap option

Yes – I like to sign up for the “International Cap option”. No – I am not interested.

| | | |
|---|---|---|
| Line Rental Services: (Telstra customer only) | <input type="checkbox"/> Switch from your current company to Astron | <input type="checkbox"/> Phone line connection (socket exists) \$59 |
| | <input type="checkbox"/> Connection with a technicians visit \$125 | <input type="checkbox"/> New phone line request \$299 |

Note: Astron is not responsible for any errors or omissions published.

Declaration:

I certify that I have the authority to make this change and hereby apply to Astron Communications & Information Services to supply my telephone call services and acknowledge that: a) Astron will bill me for calls made from my telephone lines according to the applicable plan rates. b) The service will be provided subject to the provisions of Astron’s terms and conditions available at www.astron.net.au. c) Astron may select the carrier in order to supply the service. d) Astron, credit providers and the Carrier(s) may exchange call charging and Company account information. e) I understand that Astron cannot provide “Priority Emergency” service.

Full Service Transfer authorization:

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/we certify that all the information supplied is true and correct.

Authorised signature _____

Date: _____

Name (Please print): _____

Position (if applicable): _____

Customer Service Hot Line: 1 300 72 42 72