

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 residential customers only):			
()		()	
()		()	
Option 1 – Unlimited Fixed to Mobile calls		Option 2 – Unlimited International minutes (50 countries)	
<input type="checkbox"/> Yes – I like to sign up for the “unlimited Fixed to Mobile calls”.		<input type="checkbox"/> Yes – I like to sign up for the “unlimited International minutes”.	
<input type="checkbox"/> No – I am not interested		<input type="checkbox"/> 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