



# Wireless Broadband

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

## Application Form

		Existing Astron account No. (if known):	
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			<input type="checkbox"/> Rent <input type="checkbox"/> Own
Home No.:		Mobile No.:	
Mailing Address:			
Occupation:		Work No.:	
Your current email address (Required for service confirmation purpose):			
ID Details:	<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Medicare Card <input type="checkbox"/> Others: _____
ID No.:		Expiry Date:	

Plan (monthly data allowance)	24 month Contract
1GB	<input type="checkbox"/> Yes
3GB	<input type="checkbox"/> Yes
6GB	<input type="checkbox"/> Yes
USB modem/SIM card	Free
Delivery charge	Free

**Yes** – I agree to a **20%** discount on the monthly fee for this Wireless Broadband plan by bundling with Astron's Direct or Line Rental services. A separate application is needed if you are not our existing Direct or Line Rental customer.

### Credit Card Details (Preferred for your payment convenience.)

Credit Card Type: Visa / Master / Diners / AMEX / Bankcard	Cardholder Name: _____
Card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

### Acknowledgement:

I certify that the information provided above is true and I have the authority to register for this service as per sales materials provided to me. Astron will bill me for the service in accordance with Astron's current prices. The service will be provided subject to the provisions of Astron's terms and conditions available at [www.astron.net.au](http://www.astron.net.au). Astron, credit providers and the Carrier(s) may exchange call charging and 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.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**



**ASTRON**

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