



ACN: 100 728 158 ABN: 11 100 728 158

a: Suite 8, 2 Compark Circuit, Mulgrave VIC 3170 p: 1300 223 266 f: 1300 304 672 e: sales@acecommunications.com.au w: www.acecommunications.com.au

ACE 1300/1800 SERVICE APPLICATION FORM & AGREEMENT

Account Details

Account Holder

| | |
|--------------------|---------|
| Business Name: | ABN: |
| Main Contact Name: | |
| Phone: | Mobile: |
| Fax: | Email: |

Invoicing Details

| | | |
|---------------------------|--------|-----------|
| Address: | | |
| Suburb: | State: | Postcode: |
| Accounts Payable Contact: | Phone: | Email: |

Service Details

| ✓ | Product | Fees (GST Inclusive) | Amount to be Billed |
|--------------------------|---|-------------------------|---------------------|
| Connection | | | |
| <input type="checkbox"/> | New 1300/1800 Number – \$99 (once-off fee) | | |
| <input type="checkbox"/> | Port Existing 1300/1800 Number – \$0 (please complete Existing Service Details on page 2 and Ace Port Authority Form on page 4) | \$ _____ | |
| Routing Options | | | |
| <input type="checkbox"/> | Basic Routing Required – No charge | | |
| <input type="checkbox"/> | State-Based Routing Required – No charge | \$ _____ | |
| <input type="checkbox"/> | Advanced Routing Required – Price on application | | |
| Comments/Notes: | | | TOTAL: |

Service Fees & Call Charges

| | |
|--|-------------------|
| Service Fee | \$27.50 per month |
| Call Charges when Termination Point is an Australian Landline/Ace VoIP Number | |
| Inbound from Local Calls (First 15 minutes free*) | 9.9c per minute |
| Inbound from National Calls | 18.5c per minute |
| Inbound from Mobile Calls | 19.9c per minute |
| Call Charges when Termination Point is an Australian Mobile Number | |
| Inbound from Landline Calls | 49.9c per minute |
| Inbound from Mobile Calls | 49.9c per minute |

Routing Details

| Routing Type | Details | Termination Number/s |
|---------------------|---|--|
| Basic Routing | All calls terminate to one nominated telephone number | |
| State-Based Routing | Calls terminate to a different number, based on the state the call is made from | ACT: |
| | | NSW: |
| | | NT: |
| | | QLD: |
| | | SA: |
| | | TAS: |
| | | WA: |
| Advanced Routing | Calls terminate to a different number, based on specific routing requirements – options can be obtained from Ace sales team | VIC: |
| | | Please specify required routing details on separate page |

* Does not apply to 1800 services.

INITIAL HERE:

X



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This form is to be completed only by customers who wish to have their charges direct debited from their bank account.

***** DO NOT complete this form if credit card details have been provided on previous page.*****



Direct Debit Request – New Customer Form

Office Use Only

Customer Ref:

| | | | |
|-----------------------------------|----------------|-------------|-----|
| Surname or Company/Business Name: | | Given Name: | |
| Address: | | Suburb: | |
| Postcode: | Phone: (H) () | (W) () | (M) |

Payment Details

I/We wish to pay for the goods/services supplied to me/us by Ace Communications Group Pty Ltd by Direct Debit from the below bank account. I/We authorise Ace Communications Group Pty Ltd to debit my/our account on a monthly basis with the amount indicated on the previous page/s and for any ongoing charges for my/our usage of the indicated products/services. This authority will stand, in respect of the below specified account, until my/our services are terminated in writing in accordance with Ace Communications Group Pty Ltd account Terms and Conditions.

Ezi Debit From Bank Or Cheque Account, Building Society or Credit Union

| | | | | | | | | | | | | | | | |
|------------------------|--|--|---|---------|--|-----------------|--|--|--|--|--|--|--|--|--|
| Financial Institution: | | | | Branch: | | | | | | | | | | | |
| BSB Number: | | | - | | | Account Number: | | | | | | | | | |
| Account Name: | | | | | | | | | | | | | | | |

(Please note: Direct Debit is not available on all bank accounts – if in doubt please refer to your financial institution)

Terms and Conditions

I/We hereby authorize Ezi Debit Australia Pty Ltd to make periodic withdrawals from the financial institution specified above on behalf of the business as described above. (Hereafter referred to as “the business”) The administration of this agreement is conducted by Ezi Debit Australia acting as billing agent for the Business. The services provided by Ezi Debit Australia are administrative to the status of the Agreement and do not extend to the provision of any services or benefits of the Agreement as provided by the Business. This authority shall be interpreted and enforced pursuant to the laws of the state of Queensland. I/We request until further notice in writing to direct debit my/our account described above, any amounts which Ezi Debit Australia, **User ID number 165969**, may debit or charge me / us through the Ezi Debit system.

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it if any monies pursuant to this request or any other authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me / us terminate this request as to future debits.
3. The user may, by prior arrangement and advice to me / us vary the amount or frequency of future debits.
4. You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution.
5. It is your responsibility to ensure that you have sufficient clear funds in your nominated account to enable the direct debit to be honoured by your financial institution. Direct debits normally occur overnight; however transactions can take up to three (3) days depending on your financial institution.
6. Any dispute arising from this or subsequent direct debits will be in the first instance directed to the business or Ezi Debit Australia. If no resolution is forthcoming you are advised to contact your financial institution.
7. We will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made in it relating to an alleged incorrect or wrongful debt, or otherwise required by law.
8. I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution.
9. I/We authorise the Financial Institution to release information allowing the Debit User to verify the above mentioned account details.

This authority is to remain in force in accordance with the terms and conditions as described on this page, and I/we have read and understand the same.

| | |
|--|-------|
| Signature of Account Holder: | Date: |
| Signature of Joint Account Holder (if applicable): | Date: |

| | | | |
|--|----------------------------------|-------------|--------------|
| Office Use: Staff Members Name: | Ezi Debit Office Use Only | | |
| | Date Received: | Entered By: | Reference #: |



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ACE PORT AUTHORITY FORM (not applicable for new 1300/1800 numbers)

Authority to Port 1300/1800 Service

| Pursuant to the agreement between | |
|--|---|
| <i>Insert Business Name</i> | <i>Insert ABN</i> (“Customer”) and |
| <i>Insert Existing Provider</i> | , (“Existing Provider”) the Customer is the legal lessee of the |
| service numbers listed in the table below, which have existing numbers also listed in the table below. | |
| Number to be Ported | Existing Account Number |
| | |
| | |
| | |
| I certify that I have the authority, to request on behalf the Customer, as lessee of the service number(s) listed on this form, or as the authorised agent for the lessee, the porting of these service numbers to Ace Communications Group. | |

Handover Authorisation

| | |
|--|-----------------------|
| I, on behalf of the Customer, authorise Ace Communications Group to act on behalf of the Customer and to sign and complete a Ace Communications Group Porting Authorisation Form (PAF) and associated paperwork for the purposes of porting the service numbers listed on this form to Ace Communications Group at the service address listed below. | |
| I, on behalf of the Customer, authorise Ace Communications Group’s nominated representative to complete and sign on behalf of the Customer and in the Customer’s name a new PAF for the purpose of carrying out the port to Ace Communications Group in circumstances where: | |
| <ol style="list-style-type: none"> 1. This PAF expires. 2. Additional details are to be added. 3. Editing or deleting of details are required. | |
| This authority will remain in place for 12 months from the date of the signature or until such time as Ace Communications Group is otherwise notified in writing by the Customer. | |
| Full Name of Authorised Signatory: | Authorised Signature: |
| Date: | Service Address: |

Conditions of Use

| | |
|--|--------------------------|
| I represent and warrant that I have the authority to complete and submit this PAF on behalf the Customer and hereby apply to Ace Communications Group for the porting of numbers listed in this PAF and agree that: | |
| <ol style="list-style-type: none"> 1. This PAF comprises a request by the Customer to Ace Communications Group for the porting of the numbers listed in this form. 2. Ace Communications Group may, in its sole discretion, accept or reject this PAF. If the Application is unacceptable to Ace Communications Group for any reason, Ace Communications Group may request the Customer to edit and resubmit the Application. 3. Acceptance of this PAF will occur when the Customer receives written confirmation of acceptance from Ace Communications Group. 4. By submitting this PAF, the Customer warrants and represents that the Customer has read, understood and agrees to the porting of numbers by Ace Communications Group on Ace Communications Group Standard Terms and Conditions of service. 5. The Customer shall be liable to indemnify Ace Communications Group against any and all loss, damage, liability and expense it may suffer as a result of any incorrect or incomplete information. | |
| I certify that all information supplied is both true and correct. | |
| Full Name of Authorised Signatory: | Authorised Signature: |
| Date: | Position Title: |
| Business Name: | ABN: |
| Service Address: | Business Contact Number: |