



ACN: 100 728 158 ABN: 11 100 728 158

a: Suite 4, 9 Wilson Street, Berwick VIC 3806 p: 1300 223 266 f: 1300 304 672 e: sales@acecommunications.com.au w: www.acecommunications.com.au

## ADSL ONE APPLICATION FORM & AGREEMENT

### Account Details

#### Account Holder

Surname:		Given Name:	
Business Name (if applicable):		ABN (if applicable):	
Phone:	Mobile:	Fax:	
Email:		Date of Birth:	

#### Installation Details

Address:			
Suburb:	State:	Postcode:	
Phone Number to Activate Service on:			

#### Billing Details (if different from above)

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

### Email Address

#### Log-in & Optional Email Address

1 <sup>st</sup> Preference*:		@acecommunications.com.au
2 <sup>nd</sup> Preference*:		@acecommunications.com.au
Password**:		<input type="checkbox"/> Tick if Email Address is Required

\* Username must be 3-15 characters in length and contain only lower case letters or digits. Symbols are not permitted.

\*\* Password must be 6-10 characters in length and contain only lower case letters or numbers. Symbols are not permitted.

### Service Details

	Product	Fees (GST Inclusive)	Amount to be Billed
<b>Set-up</b>			
<input type="checkbox"/>	6 Month Contract		
<input type="checkbox"/>	12 Month Contract		
<input type="checkbox"/>	24 Month Contract		
<input type="checkbox"/>	ADSL Churn with 6 Month Contract (an ADSL One Churn Authorisation Form must be submitted with this application)	\$ _____ once off fee	
<b>Plan (please select the option or insert information as appropriate in all columns below)</b>			
<b>Connection Speed:</b>		<b>Data Included:</b>	
<input type="checkbox"/>	256/64	<input type="checkbox"/>	1500/256
<input type="checkbox"/>	512/512	<input type="checkbox"/>	8000/384
		\$ _____ per calendar month	
<b>Hardware/Other</b>			
	ADSL Hardware – Model: _____	\$ _____ (once off)	
	Delivery Fee (Per Item - Discounts may apply for multiple units) \$18.50 to ACT, NSW, TAS, VIC, SA, Brisbane; \$35 to NT, Regional QLD, WA	\$ _____ (once off)	
	Line Filters – Model: _____ Qty Required: _____	\$ _____ each	
	Line Filters – Model: _____ Qty Required: _____	\$ _____ each	
Hardware is to be delivered to: <input type="checkbox"/> Customer <input type="checkbox"/> Dealer			
	Static IP	\$4.95 per calendar month	
	Spam & Virus Email Protection Qty Required: _____	\$2.95 per email address per month	
	Roaming/Redundant Dialup - Pay per Hour	\$1.20 per hour Billed monthly in arrears	
	Norman Virus Control Qty Required: _____	\$97.90 per computer for first year (\$66.00 each consecutive year)	
	Other (please specify):		
<b>Comments/Notes:</b>			<b>TOTAL:</b>

Please initial here:

X





**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: (W) ( )	(H) ( )	(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:

<b>Office Use:</b> Staff Members Name:	<b>Ezi Debit Office Use Only</b>		
	Date Received:	Entered By:	Reference #: