



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

## ACE VOICE (PSTN/LANDLINE) APPLICATION & AGREEMENT

### Account Details – For Residential Services

#### Account Holder

|  |  |             |           |
|--|--|-------------|-----------|
| Surname:   |  | Given Name: |           |
| Address (As appears on your current telephone bill): |  |             |           |
| Suburb:  |  | State:      | Postcode: |
| Phone:   |  | Mobile:     |           |
| Fax:   |  | Email:      |           |

### Account Details – For Business Services

#### Account Holder (As appears on your current telephone bill)

|                          |  |           |  |
|--------------------------|--|-----------|--|
| Company Name:            |  | ACN:      |  |
| Trading Name:            |  | ABN:      |  |
| Authorised Contact Name: |  | Position: |  |

#### Billing Details

|  |  |        |           |
|--|--|--------|-----------|
| Address (As appears on your current telephone bill): |  |        |           |
| Suburb:  |  | State: | Postcode: |
| Accounts Payable Contact:                            |  | Phone: |           |
| Fax:   |  | Email: |           |

#### Service Location Details (if different from above)

|               |  |        |           |
|---------------|--|--------|-----------|
| Address:      |  |        |           |
| Suburb:       |  | State: | Postcode: |
| Site Contact: |  | Phone: | Email:    |

### Service Details

| ✓ | Product | Fees<br>(GST Inclusive) |
|---|---------|-------------------------|
|---|---------|-------------------------|

#### New Services

|   |   |
|---|---|
| <input type="checkbox"/> New Line Installation – Number Required: _____ | \$59 - \$299 depending on work required |
|---|---|

#### Existing Services

|  |           |
|--|-----------|
| <input type="checkbox"/> Transfer of Line/s to Ace – Number to be Transferred: _____<br><input type="checkbox"/> Transfer all Lines for Local Calls - Current Local Call Carrier: _____<br><input type="checkbox"/> Transfer all Lines for Long Distance Calls - Current Local Call Carrier: _____ | No charge |
|--|-----------|

Please list all telephone services which are to be transferred to Ace Communications Group Pty Ltd. If more than 4 services, list on page 2.

|  |  |
|--|--|
| Area Code: _____ Telephone Number: _____ | Area Code: _____ Telephone Number: _____ |
| Area Code: _____ Telephone Number: _____ | Area Code: _____ Telephone Number: _____ |

#### Line Rental

|  |                   |
|--|-------------------|
| <input type="checkbox"/> Residential – All lines to be billed to the personal name provided above                        | \$31.95 per month |
| <input type="checkbox"/> Business – All lines to be billed to the business name provided above (an ABN must be supplied) | \$39.95 per month |

### Call Charges

| Call Type  | Call Charge            | Flagfall Charge |
|--|------------------------|-----------------|
| Local Calls  | 18.5c flat fee         | -               |
| Long Distance Calls  | 12c per minute         | 15c             |
| Calls to Mobiles   | 33c per minute         | 15c             |
| International Calls  | Refer separate listing | 15c             |
| Calls to 1300 Numbers (10 digit 1300 numbers)                      | 33c flat fee           | -               |
| Calls to 13 Numbers (all 6 digit 13 numbers)                       | 33c flat fee           | -               |
| Calls to 13, 12, 190 (4 or 5 digit numbers, eg. 13221, 1221, 1902) | Standard Telstra Rates | -               |

Please initial here:





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:

Form with fields: Surname or Company/Business Name, Given Name, Address, Suburb, Postcode, Phone: (H) ( ), (H) ( ), (M)

Payment Details

I/We wish to pay the amount indicated on the previous page/s and any ongoing charges for my/our usage of the indicated products/services by direct debit from my/our bank account.

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

Form with fields: 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.

- 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.
6. Any dispute arising from this or subsequent direct debits will be in the first instance directed to the business or Ezi Debit Australia.
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 #:



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

## ACE CUSTOMER AUTHORITY FORM

### Authority to Transfer and/or Connect Services

I, the customer, hereby apply for the supply of telecommunications service from Ace Communications Group Pty Ltd (ABN 11 100 728 158) (Ace), as set out in this application & its attachments, according to the terms and conditions of Ace's Standard Form of Agreement, a copy of which can be found at [www.acecommunications.com.au](http://www.acecommunications.com.au) which I agree to be bound by.

Further, in relation to the transfer to Ace of fixed line voice service/s and DSL services if applicable (as set out in this application and its attachments) from my current provider, I agree to the following conditions:

1. I authorise the transfer of the existing service from my current provider listed in this application and its attachments ('Current Provider') to Ace.
2. I have the authority as lessee of the existing services, or as authorised agent for the lessee, to request the transfer of the existing services to Ace.
3. I acknowledge that transferring the existing service to Ace may result in disconnection of the existing service (including services related to the existing service) and may also result in finalisation of my account with my current provider.
4. The existing services will be transferred with their current status (ie: call barring). I acknowledge that by transferring my existing services I may lose services, functions and facilities provided by my current provider and that new services will be provided by Ace.
5. I acknowledge that the incentives and benefits (eg: discount plans) I receive from my current provider in relation to my existing services will not be available after the transfer to Ace.
6. The existing services will remain active with my current provider and my current provider will continue to provide me with the existing services until the transfer to Ace has been completed.
7. I will be responsible with my current provider in relation to any changes incurred prior to my existing service transferring to Ace.
8. I acknowledge that I may have rights and obligations to my current provider after the transfer of the existing services to Ace has been completed and that it is my responsibility to check the terms and conditions of my existing contracts with my current provider.
9. I will contact my current provider in relation to any faults until such a time as the transfer of my existing service is effective.
10. In relation to the transfer of my DSL service, I acknowledge that all pending orders in relation to the service will be cancelled, and that staff of Ace and my existing DSL and network provider may need to access my premises for installation and maintenance purposes. I also acknowledge that I have the ability to alter my existing pre-selection arrangements.
11. I understand that my current provider allows Ace to request my current network provider to access and use the account numbers relating to my existing services for the purposes transferring my existing services to Ace.
12. Ace, and any other carrier or supplier of telecommunications services, may exchange call charges, account & other information. You appoint us as your agent for this purpose and to action any necessary transfer process and to complete any documentation for these purposes.
13. I give Ace consent to obtain and use information about the credit history (whether commercial for any named business entity or consumer for any named individual) on all parties named in the application.
14. I authorise Ace to supply to other network providers and portability service providers my existing services, Ace's identity for the purpose of call routing and network fault management.
15. I confirm that the existing services listed on the application form and its attachments are correct and correspond with those I am requesting to be transferred to Ace and I indemnify Ace for any loss or damage suffered by it as a result of the existing services being incorrect.
16. I confirm that I am aware that transferring my voice service to Ace may affect LCR programming and the supply of service through my PABX.
17. I declare that the information I have given is true and correct to the best of my knowledge.

I have read, understood and accept the above conditions and the terms of Ace's standard Terms and Conditions for all services listed on this application and or its attachments.

Signature:

Date:

Name:

Date of Birth:

Company:

Position:

ACN/ABN: