



ACN: 100 728 158 ABN: 11 100 728 158

a: Suite 8, 2 Compark Circuit, Mulgrave VIC 3170 p: 1300 668 562 f: 1300 304 672 e: sales@acecommunications.com.au w: www.acecommunications.com.au

## DOMAIN APPLICATION/RENEWAL FORM & AGREEMENT

### Account Details

#### Company

Company Name:	ACN:
Trading Name:	ABN:
Primary Contact Name:	Position:
Phone:	Mobile:
Fax:	Email:

#### Invoicing

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

### Domain Details

#### FOR NEW DOMAINS: Preferred Domain Name – Please indicate full domain including suffix

First choice:	
Second choice:	

#### FOR EXISTING DOMAINS: Domain Name/s to be Transferred – Please indicate full domain including suffix

1.		Reg. Key:
2.		Reg. Key:

### Product Details

	Domain Type	2 Year Registration	Amount to be Billed
<b>Australian Domains*</b> – refer “Terms and Conditions – Australian Domains”			
<b>You must complete the Additional Information section on page 3 if you are applying to register an Australian domain.</b>			
<input type="checkbox"/>	.com.au – indicates “Australian company”	\$99	
<input type="checkbox"/>	.net.au – indicates “Australian network”	\$99	
<input type="checkbox"/>	.org.au – indicates “Australian organisation”. Proof of registration as a not-for-profit organisation must be included with application	\$69	
<input type="checkbox"/>	.asn.au – indicates “Australian association”. Proof of registration as an association must be included with application	\$99	
<input type="checkbox"/>	.id.au – indicates “individual”	\$49	
<b>Top Level Domains</b> – refer “Terms and Conditions – Top Level Domains and Dispute Terms and Conditions”			
<input type="checkbox"/>	.com – indicates “company”	\$69.95	
<input type="checkbox"/>	.net – indicates “network”	\$69.95	
<input type="checkbox"/>	.org – indicates “organisation”	\$69.95	
<input type="checkbox"/>	.info – indicates “information”	\$69.95	
<input type="checkbox"/>	.biz – indicates “business”	\$69.95	
<b>Other Domains</b> – refer “Terms and Conditions – Other Domains”			
<input type="checkbox"/>	.co.nz – indicates “New Zealand company”	\$99.95	
<input type="checkbox"/>	.net.nz – indicates “New Zealand network”	\$99.95	
<input type="checkbox"/>	.org.nz – indicates “New Zealand organisation”	\$99.95	
<input type="checkbox"/>	.co.uk – indicates “United Kingdom company”	\$99.95	
<input type="checkbox"/>	.net.uk – indicates “United Kingdom network”	\$99.95	
<input type="checkbox"/>	.org.uk – indicates “United Kingdom organisation”	\$99.95	
<b>Comments/Notes:</b>		<b>TOTAL:</b>	

**INITIAL HERE:**

X





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**\*Additional Information**

**Complete this section ONLY if you are applying to register an Australian domain. You are required to provide the following information when applying for an Australian domain.**

<b>Eligibility Type:</b> <i>(please tick one)</i>		
<input type="checkbox"/> Company	<input type="checkbox"/> Registered Business	<input type="checkbox"/> Sole Trader
<input type="checkbox"/> Trademark Owner	<input type="checkbox"/> Pending TM Owner	<input type="checkbox"/> Incorporated Association
<input type="checkbox"/> Club	<input type="checkbox"/> Not for Profit Organisation	<input type="checkbox"/> Charity
<input type="checkbox"/> Trade Union	<input type="checkbox"/> Industry Body	<input type="checkbox"/> Commercial Statutory Body
<input type="checkbox"/> Religious/Church Group	<input type="checkbox"/> Political Party	<input type="checkbox"/> Other
<b>Business ID Type:</b> <i>(please tick one)</i>		
<input type="checkbox"/> Australian Company Number (ACN)	<input type="checkbox"/> Australian Business Number (ABN)	<input type="checkbox"/> Vic Business Number
<input type="checkbox"/> NSW Business Number	<input type="checkbox"/> SA Business Number	<input type="checkbox"/> NT Business Number
<input type="checkbox"/> WA Business Number	<input type="checkbox"/> Tas Business Number	<input type="checkbox"/> ACT Business Number
<input type="checkbox"/> QLD Business Number	<input type="checkbox"/> Other	
<b>Claim Type:</b> <i>(please tick one)</i>		
<input type="checkbox"/> Exact match for business name or trademark	<input type="checkbox"/> Abbreviation of business name or trademark	
<input type="checkbox"/> Acronym of business name or trademark	<input type="checkbox"/> Name refers to product we build or manufacture	
<input type="checkbox"/> Name refers to program we administer	<input type="checkbox"/> Name of a service which we provide	
<input type="checkbox"/> Name of event that we sponsor	<input type="checkbox"/> Name of activity we teach or train	
<input type="checkbox"/> Name refers to a venue which we operate	<input type="checkbox"/> Name of the profession practiced by us or our employees	
<b>If Domain is based on a Trading Name, please provide:</b>		
BRN (Business Number):	State:	
<b>If Domain is based on a Trademark, please provide:</b>		
Trademark Number:		



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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 \*\*\***

**Completed form should be faxed to 1300 304 672**



**Direct Debit Request – New Customer Form**

Office Use Only

**Customer Ref:**

Surname or Company/Business Name:		Given Name:	
Address:		Suburb:	
Postcode:	Phone: (H) ( )	(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 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. I/We understand that a Tax Invoice/Receipt will be issued by email once payment has been successfully debited from the nominated Card.

**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 #: