



1/18 Deblin Drive
 NARRE WARREN VIC 3805
 Ph: (03) 8789 4988 – FAX: (03) 9705 2544
 E-Mail: info@gtelecom.com.au

DIAL-UP APPLICATION FORM & AGREEMENT

Account Details – For Individuals Account Holder

Surname:		Given Name:	
Address:			
Suburb:		State:	Postcode:
Phone:		Mobile:	
Fax:	Existing Email Address:		

Account Details – For Businesses Account Holder

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

Installation

Address:			
Suburb:		State:	Postcode:
Technical Contact Name:		Phone:	
Mobile:	Fax:	Email:	

Billing Details (if different from above)

Address:			
Suburb:		State:	Postcode:
Accounts Contact Name:		Phone:	
Fax:	Email:		

Email Addresses - Log-in & Main Email Address

1st Preference*:																			@gtelecom.com.au	
2nd Preference*:																				@gtelecom.com.au
Password**:																				

Additional Email Address (optional for Flat Rate Premium Dial-up Service)

1st Preference*:																				@gtelecom.com.au
2nd Preference*:																				@gtelecom.com.au
Password**:																				

* 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.

Please initial here:



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Service Details

Service Type	Price in AUD	Line Speed	Data	Time Allocated	Please Tick
Monthly	\$15.90	56 Kbps	Unlimited	Unlimited	
Yearly	\$190.80	56 Kbps	Unlimited	Unlimited	

Payment Options Direct Debit from a Credit Card

I/We wish to use the Card specified below to pay for the goods/services supplied to me/us by Gtelecom. I/We authorise Gtelecom to debit my/our Card on a monthly basis with the amount indicated and for any ongoing charges for my/our usage of the indicated products/services. This authority will stand, in respect of the below specified Card and in respect of any Card issued to me in renewal or replacement thereof, until my/our services are terminated in writing in accordance with Gtelecom account Terms and Conditions. VISA MasterCard *(Please note: CCV Number is the last 3 digits on back of card)*

Card Number:																					CCV Number:			
Expiry Date:	/ Card Holder Name:																							
Cardholder Signature: Drivers License/ID Number and State:																								

Direct Debit from a Bank Account: Please complete separate direct debit form. Call 1300 655 463 for a form

Declaration & Authorisation

I declare that: All the information I have provided is true and correct. I have read, understood and agree to abide by GTelecom's Standard form of agreement (SFOA) abbreviated, located on there webpage with the address: <http://sfoa.gtelecom.net.au/>

I am authorized to make this declaration on behalf of the above-named organization.

Signature _____

Position: _____ Date _____

FAX your completed Application to 1300 659 978

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:	Office Use Only Date Received: Entered By: Reference #: