



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

## HOME PHONE APPLICATION

### Account Holder

Name (Must be same as phone bill):		
Address:		
Suburb:	State:	Postcode:
Phone:	Mobile:	Business:
Fax:	Existing Email Address:	
Driver's License	State:	

### 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

The username should be no shorter than 3 letters and no longer than 10 letters. Please be advised not all usernames will be available. If your desired preferred username is taken, then the Secondary username will be selected.

1 <sup>st</sup> Preference*:		@gtelecom.com.au
2 <sup>nd</sup> Preference*:		@gtelecom.com.au
Password**:		

### Additional Email Address (optional)

1 <sup>st</sup> Preference*:		@gtelecom.com.au
2 <sup>nd</sup> 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.



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Please initial here:

Service Details

Internet Bundle Plan Price		
Plan	Price Per Month	Please Tick
Home Phone-1	\$24.95	
Home Phone-2	\$39.95	
Call pack	\$20	

Installation Charges	Contract Term	Please Tick
\$99	24 Months	

Is this a Churn	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES name of Previous Provider	Phone Number of Previous Provider	

\*All Price are Inc. GST.

\*A Payment processing fee applies, reflecting bank fees charged to Gtelecom Australia for card payments. This is currently 1.50% for payments under for Visa, MasterCard and 2.0% for American Express.

Payment Options Direct Debit from a Credit Card

3 months plan charges must be made in advance all at once

I/We wish to use the Card specified below to pay for the goods/services supplied to me/us by Gtelecom Australia. I/We authorise Gtelecom Australia 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 Australia 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:																																									
Card holder Signature: Driver's License / ID Number and State:																																													

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



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## 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 Australia's Standard form of agreement (SFOA) abbreviated, located on there webpage with the address:  
[https://www.gtelecom.com.au/gtele/Retail/forms/GTelecom\\_SFOA.pdf](https://www.gtelecom.com.au/gtele/Retail/forms/GTelecom_SFOA.pdf)

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 #: \_\_\_\_\_