



# AUTHORITY TO CHANGE PROVIDER OF TELEPHONE SERVICES

Cybertel Telecom Pty Ltd  
ABN: 20 114 904 835  
PO Box 502, CLEVELAND 4163

Phone: 1300 763 201 Facsimile: 1300 763 501

\* This form is an official Account Application Form.

## Section 1 – Customer Details:

Customer / Legal Entity (block letters):

Trading Name (if applicable):

ABN (Business):  Date of Birth (Private):

Service Address:

Postal Address:

Customer Contact Name:

Phone:  Fax:

Email:  Plan:

## Section 2 – Service Number Details:

Please write telephone number(s) below indicating your choice of Cybertel Telecom as your preferred provider of pre-selectable and local telephone services. Line Hunt  **PLEASE LIST NUMBERS IN LINE-HUNT ORDER – PLEASE PRINT CLEARLY!**

Area Code	Number	Area Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Section 3 – Agreement and Authority:

I certify that I have the authority to authorise this change and these details are correct. I understand that by nominating Cybertel Telecom as the preferred carrier for the telephone number(s) listed above, Cybertel Telecom will become the carrier of choice for the International and National Long Distance Services, and any other pre-selectable services charged to this number.

I authorise Cybertel Telecom to take any further action required, including signing any documents on my behalf, to give effect to this charge.

Signed:  Date: