



# Account Application Form

Cybertel Telecom Pty Ltd

ABN: 20 114 904 835

PO Box 1373, CLEVELAND, QLD, 4163

**Phone: 1300 763 201 Facsimile: 1300 763 501**

Thank you for choosing Cybertel Telecom. All information provided by you is held in strict confidence by Cybertel Telecom and is not used for any purpose other than the direct provision and support of Cybertel Telecom business communications and associated services.

## Section 1 – Customer Account Details

Do you have an existing Cybertel Telecom account?  No – (go to section 2)  
 Yes – Account Number:

## Section 2 – Customer Account Details

Customer / Legal Entity (block letters):

Trading Name (if applicable):

ABN / ACN:  Type of Business:

Service Address:

Postal Address:

Customer Contact Name:

Phone:  Fax:

Email:  Plan:

Cybertel Telecom will send you out a Tax Invoice by the 5<sup>th</sup> of every month with a due date of the 12<sup>th</sup>. The due amount will be debited from the below nominated account on the 12<sup>th</sup> of the month. However if payment is not received then it will be debited from the below nominated Credit Card. We will not debit the below listed card if payment is received by the due date.

Type of Credit Card:  MasterCard  Visa  Bankcard

Name on Card:

Credit Card Number:  -  -  -

Expiry Date:  /  CCV Number:  (Last 3 digits on back of card)

I have read and agree to the Cybertel Telecom Terms and Conditions.

- I have included with this application form the (**Authority to Change Services** form).
- I have read and agreed to the Cybertel Telecom Terms and Conditions.
- I understand that current rates are published online at [www.cybertel.net.au](http://www.cybertel.net.au)
- I understand Cybertel Telecom may perform a credit check upon application.
- I am not under any contract and I will inform Cybertel Telecom if I decide to change my service.

Customer Signature:

Title or Position:  Date: