

## Inbound New Activation

**Service(s) listed on this form are to be activated by ISPACE Internet**

Inbound Number to be activated	Answer Point/s	ISPACE Internet Account Number

I certify that I am the Rights of Use Holder and I authorise the activation of the service(s) listed on this form and its attachment.

**To be completed by the Rights of Use Holder for all applications to Activate Numbers**

Business Name

Customer Name

ACN /ARBN

Print Name of Rights of Use Holder

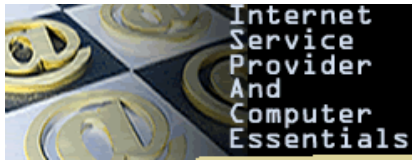
Title of Rights of Use Holder

Signature of Rights of Use Holder  

\*

Date (dd/mm/yyyy)  

/ /



For all your online requirements

**ispace.net.au**

## Inbound New Activation

### Contact Details:

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Fax \_\_\_\_\_

### Plan required:

Startup

Mini Saver

Super Saver

### Payment Details

Credit Card		Direct Debit (Please complete below Direct Debit form)	
<input type="checkbox"/>		<input type="checkbox"/>	
Credit Card - Card Type			
Mastercard	Visa Card	AMEX	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Card Holder Name			
<input type="text"/>			
Card Number		Expiry Date	CVC
<input type="text"/>		<input type="text"/>	<input type="text"/>
Card Holders Signature			
<input type="text"/>			





Direct Debit Request

Comms Group Aus

ABN 40 054 455 386



ABN: 47 110 689 711

New Customer Form

Member Ref: \_\_\_\_\_ Client ID: 10280  
 Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Or Company / Business Name  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Pcode: \_\_\_\_\_  
 Ph: ( ) \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Agreement**

And/Or the total amount billed for the specified period for this and any other subsequent agreements or amendments.

**Step 1:**

First Debit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Debit : \$.....  
 Regular Debit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Regular Debit: \$.....

**Step 2:**

Until Further Notice  
 Or  
 For a minimum of (#) \_\_\_\_ Payments  
 Or  
 Until a minimum amount of \$ \_\_\_\_ is collected

**Step 3:**

Monthly  
 Quarterly  
 Half-Yearly  
 Yearly  
 Select one only

**Fees / Charges**

Setup Fee: Nil                      Direct Debit Fee: Nil

**Direct Debit Request (Bank Account, Building Society or Credit Union)**

Direct Debit is not available on the full range of accounts - if in doubt please refer to your financial institution

**What is the name of your bank, and where was the account opened?**

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

**How does the name appear on your statement?**

Account Holder Name(s): \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I/We authorise Payment Technologies Pty Ltd User ID 234072 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above and as per the Terms and Conditions provided.

This authority shall stand pursuant to the terms and conditions of any contractual agreement between the customer and business named above. The administration of this authority is conducted by Payment Technologies (Debit User) acting as a billing agent for the business. The services provided by Payment Technologies are administrative only and do not extend to the provision of any service or benefits by the business. This authority shall be interpreted and enforced pursuant to the laws of the State of Queensland.

Signatories of Nominated Account

Date

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Office Use Only:

**SBk1**

Received Date:

Reference No:

Ver 2.1



## Service Agreement

The administration of this agreement is conducted by Payment Technologies (ABN 47 110 689 711). The services provided by Payment Technologies 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.

The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it of any monies pursuant to this request or any other authority or mandate.

Payment Technologies will provide 14 days notice if the payment amount (s) or frequency of the payments vary for future debits.

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. If your Debit request falls on a weekend or public holiday, it will be processed on the next working day.

You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution.

If your Direct Debit is dishonoured or returned by your financial institution, for any reason, Payment Technologies reserves the right to charge a dishonour fee, and re-present the Direct Debit for processing again on the next business day.

Any dispute arising from this or subsequent direct debits are to be directed to Payment Technologies on (07) 3299 3211 or in writing to the address provided below, or you may contact your financial institution. If no resolution is forthcoming you are advised to contact your financial institution.

If you lodge a DDR Customer Claim form with your financial institution they will investigate whether the transaction was authorised by you. If the transaction date was no earlier than 12 months from the date of your claim you should receive a response within 7 days from the date of your claim. If the transaction date was made earlier than 12 months from the date of your claim you should receive a response within 30 days from the date of your claim.

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 relation to an alleged incorrect or wrongful debt, or otherwise required by law.

You may stop, cancel, alter or defer your Direct Debit Request at any time, by contacting your Financial Institution or by providing at least 14 Business Days written notification to Payment Technologies at the address detailed below.

I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution.

I/We authorise the Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

I/We agree to accept payment notifications from the business by either E-mail or SMS as determined by the business. If I do not wish to receive such notifications I will contact the business directly so as to be omitted from such notifications.