

For all your online requirements

ispace.net.au

Porting Authority Form

Service(s) listed on this form are to be transferred to ISPACE Internet

Service Number to be Transferred	Primary Answer Point	Account Number for each Service with existing carrier

I certify that I have the authority as lessee of the service(s) listed on this form and its attachment, or as the authorised agent for the lessee, to request porting of these services to ISPACE Internet.

I understand that porting will result in disconnection of these service(s) from existing carrier and finalisation of the account(s) for these services from existing carrier.

The existing carrier is.....

Business Name

Contact Name

ACN /ARBN

Print Name of Authorised Person

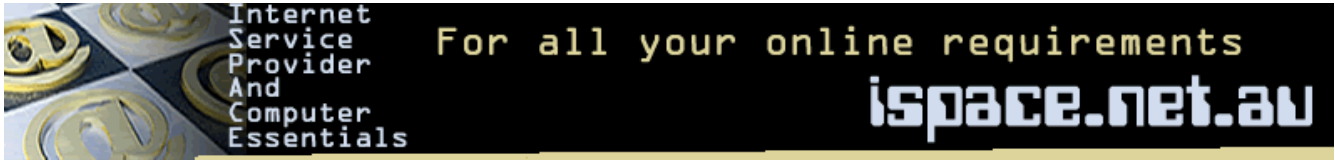
Title of Authorised Person

Signature of Authorised Person

Date (dd/mm/yyyy)

*

/ /



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:	Step 2:	Step 3:
First Debit Date: ____/____/____ First Debit: \$..... Regular Debit Date: ____/____/____ Regular Debit: \$.....	<input type="checkbox"/> Until Further Notice Or <input type="checkbox"/> For a minimum of (#)____ Payments Or <input type="checkbox"/> Until a minimum amount of \$_____ is collected	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> 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: _____

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.