



PO Box 1020 Surry Hills NSW 2010
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BIZPHONE APPLICATION

Vocal Channels Pty Limited ABN 44 131 307 858

Personal Details

Title	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name	Yrs current address	Owner <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	
Current address	Home No.	
<input type="text"/>	()	
State	Work No.	
<input type="text"/>	()	
postcode	Mobile No.	
<input type="text"/>	<input type="text"/>	
Email:		
<input type="text"/>		

Business Accounts Only

Registered Company name	ABN
<input type="text"/>	<input type="text"/>
Trading name	RBN
<input type="text"/>	<input type="text"/>
Street address	Postal address (if applicable)
<input type="text"/>	<input type="text"/>
State	State
<input type="text"/>	<input type="text"/>
postcode	postcode
<input type="text"/>	<input type="text"/>
Email:	Business No.
<input type="text"/>	()
URL:	Fax No.
http://	()
<input type="text"/>	<input type="text"/>

Existing Telephone Providers Details

Do you have an existing telephone service?	Current Providers Name	Current Providers Account Number
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not sure	<input type="text"/>	<input type="text"/>
Your Current Telephone Number(s)	Do you wish to keep your telephone number(s)?	
()	<input type="checkbox"/> Yes* <input type="checkbox"/> Not necessary	

* LNP available when current FNN is active at time of transfer. Porting fees may be applied by your current provider.

Select your options (Handsets, Apps and modules)

Choose your handset model and/or 'go anywhere' apps (see handset guide for details)

T42S W60P T48S Softphone CP860 ATA Desktop App Mobile App

Choose your features (see features guide for details)

Direct Indial Range Hunt Group Auto Attendant Music on Hold Call Waiting Voicemail

Direct Debit from Credit Card (optional)

<input type="checkbox"/>	<input type="checkbox"/>
Visa	MC
<input type="text"/>	<input type="text"/>
<input type="text"/>	Expiry date
X	<input type="text"/>
Customer signature	

Identification Requirements

Select and provide details of two of the following IDs

Drivers Licence

Passport

Medicare

Contract Term (please select either 0, 12 or 24 months)

I agree to the 0, 12 or 24 month minimum term of this agreement

Plan Name and selected Minimum Term

Contract Start Date Contract End Date

Early termination of services will incur fees and other charges which include payment for the balance of the total minimum cost of services of any remaining contract term.

I am authorised to sign this Application Form and agree for the voice and/or data service(s) listed to be transferred to Vocal. I hereby engage and authorise Vocal to facilitate the porting and/or connection of the voice and/or data service(s) and that such porting or connection to be completed at Vocal discretion. I understand that I will be personally and solely responsible to Vocal for all charges incurred by me for the service(s). By signing this form I agree my application for service is subject to the terms and conditions which can be viewed in full on the Vocal website www.vocal.com.au

I declare that the information I have given on this form is true and correct to the best of my knowledge. By signing this form I acknowledge that I understand the terms and conditions about Vocal handling of personal information about me. I also give Vocal consent to obtain and use information about me, including information about my consumer credit history (eg personal financing) and if applicable, my commercial credit history (eg as a sole trader)

Declaration

I agree that I am responsible for all amounts that become due for this account

	Customer name	Position
Signature	Date	