



**TELCO WORX (Aust) Pty Ltd**  
 ABN 85 125 591 004  
 Unit 2A, 87 Webster Road  
 PO Box 3086  
 STAFFORD QLD 4053  
 PH 1800 TELCOWORX  
 FX 1800 159 599

Email: info@telcoworx.com.au

## 1300 /1800 Number(s) Entity Transfer Form

Thank you for choosing **TELCO WORX (Aust) Pty Ltd**. All information provided by you is held in strict confidence and is not used for any purpose other than the direct provision and support of **TELCO WORX (Aust) Pty Ltd** business communications and associated services.

***PLEASE PRINT CLEARLY***

(Office Use .....)

### Section 1- Account Details:

Please print your existing <b>TELCO WORX</b> account number here >	
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### Section 2 – NEW Business Details: (BLACK INK & BLOCK LETTERS PLEASE)

*NEW Legal Entity Name:			
NEW Trading Name (if applicable):	*ABN		
Type Of Business:			
*Physical Address: (No PO Boxes)			State Post Code
Postal Address: (if different to above)			State Post Code
*Contact Name:	First Name:	Last Name:	
*Driver's Licence Number		* D.O.B.	
*Contact Mobile:			
*Contact Phone:	( )	Fax:	( )
*Primary Email Address: (BIG LETTERS PLEASE)			
*Second Email Address: (BIG LETTERS PLEASE)			

\* **REQUIRED**

### Section 3 – For Existing 1300/1800 Service/s:

Please print your **EXISTING** 1300/1800 service number(s) you are transferring here:

**1300** \_ \_ \_ \_ \_

My **EXISTING** 1300 number will be answering in Australia:

Answering destination phone/fax number (include area code)	( )
Or answering destination mobile number:	

Please print your **EXISTING** 1300/1800 service number(s) you are transferring here:

**1300** \_ \_ \_ \_ \_

My **EXISTING** 1300 number will be answering in Australia:

Answering destination phone/fax number (include area code)	( )
Or answering destination mobile number:	

**1800** \_ \_ \_ \_ \_

My **EXISTING** 1800 number will be answering in Australia:

Answering destination phone/fax number (include area code)	( )
Or answering destination mobile number:	

**1800** \_ \_ \_ \_ \_

My **EXISTING** 1800 number will be answering in Australia:

Answering destination phone/fax number (include area code)	( )
Or answering destination mobile number:	

### Section 4 – Existing Account Holder Consent To Transfer:

(BLACK INK & BLOCK LETTERS PLEASE)

*Existing Legal Entity Name:	
Existing Trading Name (if applicable):	
	*ABN

As authorised officer for the above entity, I authorise the transfer of this account to the new entity named in Section 2.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 5 – Direct Debit Request:

**Request and Authority to debit the account named below to pay [Bill Buddy Pty Ltd](#) (TelcoWorx's nominated Telecommunications National Banking Payment Collections Agency – [www.billbuddy.com.au](http://www.billbuddy.com.au)):**  
**Request and Authority to Debit**

Surname/Company Name:

Given Names or ACN/ABN:

Request and authorise Bill Buddy Pty Ltd (the User)(User ID number 320813) to arrange for any amount Bill Buddy Pty Ltd may debit or charge you on behalf of TelcoWorx (Aust) Pty Ltd to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Service Agreement [and any further instructions provided below].

### If debiting an account other than a credit card insert details here

Financial Institution's Name:

Financial Institution's Address:

Name of Account:

BSB Number:        \_\_\_\_\_ / \_\_\_\_\_

Account Number:    \_\_\_\_\_

Please note: If you are unsure of your correct BSB and/or account number, please contact your financial institution or check your last bank statement.

### Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Bill Buddy Pty Ltd as set out in this Request and in your Direct Debit Request Service Arrangement. Further, you expressly authorise Bill Buddy Pty Ltd to draw any fees under clause 10 of the Direct Debit Request Service Agreement from the account nominated in this form.

### If debiting a credit card account insert details here

**\* Name as it appears on card:**

Card Number:        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date:        \_\_\_\_ / \_\_\_\_        Card Type:     MasterCard     VISA

CCV Number        \_\_\_\_\_ (last 3 digits on the back of the card)

\*\*\*\*\*Please note that any credit card transactions will appear on your statement as "Bill Buddy"\*\*\*\*\*

### Acknowledgement

By signing this request you authorise Bill Buddy Pty Ltd to enter a charge against your nominated credit card for an amount and frequency directed by the Biller indicated in the "Biller User Only" section at the bottom of this form. I understand that any credit card transactions will appear on my statement as "Bill Buddy". Furthermore you agree to reimburse Bill Buddy Pty Ltd for any successful claims made by the cardholder through their financial institution against Bill Buddy Pty Ltd. \*\* Please note that direct debits from a Credit Card transaction will attract a 2% transaction fee and a \$1.00 minimum fee.

### Signature of All Account/Card Holders

(If Signing for a company, sign and print full name and capacity for signing, eg. Director)

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature

Address

## Section 6 – Declaration:

By signing below you agree that:

1. You have printed out, read and agree to the TelcoWorx (Aust) Pty Ltd Term and Conditions found at [terms & conditions](#)
2. You understand that current rates are published online at [our RATES web page](#)
3. You understand TelcoWorx (Aust) Pty Ltd may perform a credit check upon application.
4. You agree to test each and every requested service to your satisfaction PRIOR to printing any material and/or publishing any document containing the service number/s requested.
5. You are the legally authorised person to make application and sign upon behalf of the entity noted above.
6. You are not under any contract and you will give 30 days notice to cancel services.

\*\*\*

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Now please fax this completed form ASAP to:

**FAX TO 1800 159 599**

**OR scan and email to [info@telcoworx.com.au](mailto:info@telcoworx.com.au)**

We thank you for your application.

Special Instructions Here: