

## Westnet Contact Details

Westnet Pty Ltd ABN: 50 086 416 908 Business Solutions: 1300 786 006  
Level 7, 152 St George's Tce, Perth, 6000 Support: 1300 786 068  
GPO Box C121 Perth 6839 Web: http://www.westnet.com.au

Agent Code

Please complete this form and fax it back to 1300 554 160

## New Member Details

<b>First Name</b>	<input type="text"/>	<b>Last Name</b>	<input type="text"/>
<b>Business Name (if applicable)</b>	<input type="text"/>	<b>ABN</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<b>Date of Birth- (DD/MM/YYYY)</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Suburb / Town</b>	<input type="text"/>	<b>State</b>	<input type="text"/>
		<b>Postcode</b>	<input type="text"/>
<b>Daytime Phone Number</b>	<input type="text"/>	<b>Mobile Phone Number</b>	<input type="text"/>
<b>After Hours Phone Number</b>	<input type="text"/>	<b>Fax Number</b>	<input type="text"/>

Would you like to be notified by fax when Westnet receives your application?  Yes  No

## Username and Password

Bill to existing Westnet Internet account in the same name

Current Username

New Westnet Phone Account

Preferred Username (must be between 4 and 20 characters)

Alternate Username (used if your preferred username is taken)

Password (please take note of your password for future reference)

Please Note: Passwords must contain at least one (1) letter, one (1) number, be from 6 to 32 characters long and contain no spaces. Your password is the key to your account. Do not disclose it to anyone.

Correspondence Email Address

Your username will form the first part of your email address (username@westnet.com.au). If you would prefer all correspondence from Westnet to be delivered to a different email address from the one that will be created, please write that email address you would like to use in the box provided.

## Type of ISDN Service

**ISDN 2**  
\$63.50/month per service

**ISDN 2 Enhanced**  
\$68.50/month per service

**ISDN 10/20/30**  
Price on application

## Contract Period

**12 Months**

**24 Months**

**36 Months**

## Service Numbers

Please enter Group Directory Number. If you are unsure about which number is the GDN, please contact Westnet

**Prime/Group Directory Number**

**Auxiliary**

## Additional Service Details (if applicable)

For multiple ISDN services only.

**ISDN Service 2**

**ISDN Service 3**

**Prime**



**Auxiliary**



**ISDN Service 4**

**ISDN Service 5**

**Prime**



**Auxiliary**



## Direct Indial (if applicable)

Please enter the 100 number indial range/s allocated to your service

**FROM:**

**TO:**

**FROM:**

**TO:**

## Payment Details

Please select either **Credit Card** or **Direct Debit** for your payment method

*PAYMENT TYPE*



Visa



MasterCard



Direct Debit

If you have selected Direct Debit please complete separate direct debit form. If form is not attached please call 13 19 60 or go to <http://www.westnet.com.au/link/applications> to download the form. If you have selected a Credit Card option please fill in the details below.

**Name on Card**

**Signature**

**Card Number**

   

**Expiry - (MM/YY)**

 / 

**Drivers Licence Number**

**Date - (DD/MM/YYYY)**

 /  / 

## Declaration

I/We understand:

By signing this form I am stating that I have read and accept the Westnet Customer Relationship Agreement (as displayed at <http://www.westnet.com.au/link/terms> or as sent to me/us by Westnet at my/our request), and that I am the telephone account holder or an authorised representative of the account holder; I authorise Westnet to act on my behalf to transfer my phone service to Westnet for all phone charges. I also understand that any changes made to contact or payment details on this form will be updated in Westnet's system unless stated otherwise; I am aware that Westnet will only begin charging me for the service once the line has been transferred and my current provider will charge me for the service up to this time. I understand that it is my responsibility to check the terms and conditions of my current telephone provider/s in relation to the services being transferred to Westnet. I authorise Westnet to use any information provided by me during this application to conduct a search which will determine my credit worthiness. I understand that Westnet will send information about me to a reporting agency via a secure connection and the response received from this agency may determine my credit worthiness. Full details about Westnet's Credit Check policy can be found at [www.westnet.com.au](http://www.westnet.com.au)

**Member Name**

**Signature**

**Date - (DD/MM/YYYY)**

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