



VoIPex Payment Amendment Form

VoIPex Pty Limited
(ABN 44 102 443 532)
(Debit User 222723)
PO Box 544, Kotara NSW 2289

SECTION A – CUSTOMER INFORMATION

Service Owner Company ABN \ ACN

Contact Name Title First Name Last Name

Contact Details Phone No Fax No Mobile No

Internet Details E-Mail Address

Billing Address

SECTION B – PAYMENT INFORMATION

Credit Card

Card Type MasterCard Visa

Card Number Expiry

Name on Card _____ Signature _____

Direct Debit

Financial Institution

Institution Address

Account Holder

BSB Number - Account Number

Direct Credit

SECTION C – DECLARATION / PRIVACY ACT

- I declare that:
- I authorise VoIPex to collect personal information from or about employees, principals or directors of the Customer in order to process the Customer's application. I am authorised to disclose the personal information contained in this application to VoIPex and consent on behalf of the individuals named in this Application to allow VoIPex to use and disclosing this personal information
 - If VoIPex considers it relevant to assess this application for personal or commercial credit, I agree to VoIPex obtaining from a credit agency a credit report containing personal information about the employees, principals or directors of the Customer in relation to personal or commercial credit provided by VoIPex.
 - I understand that once this order form is sent to VoIPex by way of fax, e-mail, postal service or hand delivered, the setup costs are payable and non refundable.
 - I acknowledge that in the event of the agreed term of the contracted services not completing it full duration; I understand that the balance remaining becomes due and payable by the Customer.
 - I understand and agree that this form commits the 'Service Owner' to a fixed term agreement which renews for the same term in the absence of written alternative instructions.
 - I have read the Standard Terms and Conditions and Acceptable Usage Policy and agree to be bound by them.
 - I have authority as the customer's agent to make this application and confirm that the information in this Application is true and correct.

Authorised Signature Date

Name (print) Position