



# VoIPex Payment Details Update

**VoIPex Pty Limited**  
(ABN 44 102 443 532)  
10 Dangar St  
WICKHAM NSW 2293  
PO Box 544  
Kotara NSW 2289

New Account  Add New Service  Amend Details  Cancellation  Account No.

Existing Customer Only

## SECTION A – BUSINESS INFORMATION (Please complete all fields)

**Service Owner** Title  First Name  Last Name

**Contact Name** Title  First Name  Last Name

**Contact Details** Phone No ( )  Fax No ( )  Mobile No ( )

**Internet Details (Current)** E-Mail Address  @

**Location Address**

**Billing Address (If different above)**

## SECTION B – PAYMENT INFORMATION (Please tick only one method of payment. Cash or direct credit is not available.)

Mothers Maiden Name  Date of Birth  Drivers Licence

Direct Debit  Please complete Direct Debit Request  Credit Card  Please charge my Credit Card indicated below

MasterCard  Visa  Bankcard

### Cardholder's Details

Name on Card  Signature         
Month Year

## 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 full duration, I understand that the balance remaining becomes due and payable by the Customer and agree on behalf of the customer to pay VoIPex the full amount on demand.
- 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

## SECTION F – OFFICE USE ONLY

Type	Information	Initial	Task	Date	T	Initial
Databases Recorded	Customer / Service / Invoice / IP		Ordered			
Contact Recorded	Outlook / VCC		Invoiced			
E-Mail Sent	Welcome / Update / Completed		Recorded in CF/NOC			
IP Address			Processed			
Plan ID / SIP ACC	/		Received			
Service Added	LR / PS / ADSL / DU / MOB / VoIP		E-Mail Setup			
Original Agreements	E-mail / Fax / Post / Held		RADIUS / PO			

Staff Name  Signature  Order Number

Reference : voipex/forms/consumer

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