freedom application form

customer details

Title: ..... First Name: ..... Last Name: .....

Street Address: .....

Suburb: ..... State: ..... Postcode: .....

Billing Address: .....

Daytime Contact No: ..... A/H Contact No: .....

Mobile No: ..... Fax No: ..... Email Address: .....

Date of Birth: ...../...../..... Driver's Licence No: ..... State: ..... Medicare No: .....

Choose Password: ..... (A password is needed to protect your account information. Min. 5 characters)

How did you hear about Motion Telecom? ☐ From a Friend ☐ Newspaper: ..... (please specify) ☐ Other: ..... (please specify)

voice service

Please select ONE service only

☐ **Freedom Standalone Service**

☐ **Freedom Plus Service**

Phone Number to Connect to Motion Telecom:

Phone Number:

(.....).....

motion bolt on service

super mobile $35/month ☐

ADSL2+ unlimited $50/month ☐

payment details

Please select ONE payment option only

OPTION 1 - invoice ☐

Please send me an invoice to my billing address. Avaliable options of payment: BPay, EFT, Cheques, and via Australia Post.

OPTION 2 - credit card ☐

☐ Visa ☐ MasterCard ☐ BankCard ☐ American Express ☐ Diners Card

Card Details

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry: MM/YYYY

Name(s) on Credit Card: .....

I/we authorise Motion Telecom, until further notice to debit my/our credit card, the details of which are shown above, any moneys due in terms of payment which Motion Telecom may debit or charge me/us.

Authorised Signature: X..... Date: ...../...../.....

OPTION 3 - direct debit ☐

☐ Request and authorise to debit from Bank Account

Details of Financial Institution.

Name of Financial Institution: .....

Address of Financial Institution: ..... State: ..... Postcode: .....

Details of Account to be debited

Name of Account: .....

BSB number: ☐☐☐ - ☐☐☐ Account Number: ☐☐☐☐☐☐☐☐

I/we request that moneys due in terms of payment arrangements covered by this document be drawn under the direct debit system from my/our account as nominated on this form.
I/we acknowledge that this direct debit arrangement is governed by the terms and conditions as supplied by Motion Telecom. My signature below indicates that I accept these terms and conditions and conPrm that the details on this form have been checked and are correct.
For full terms and conditions please visit www.motiontelecom.com.au.

Authorised Signature: ..... Date: ...../...../.....

authorisation

By signing this application you have agreed for Motion Telecom to supply your billing service as per the terms and conditions.

Authorised Signature: .....

Print Name: ..... Date: ...../...../.....

Fax completed form to Motion Telecom on **1300 30 70 22** or send to **PO Box 794 Parramatta NSW 2124**

ofbce use

☐ **Application Received** Date: ...../...../..... Initial: .....

☐ **Account & Service Created** Date: ...../...../..... Initial: .....

☐ **Filed** Date: ...../...../..... Initial: .....

☐ **Issued Account Number** Account No..... Issued By: .....