Residential 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

☐ **Easy 39** ☐ **Super 69**

☐ **Super 49** ☐ **Super 89**

Bolt on service

Please select the desired bolt on service

ADSL2+ Broadband Unlimted ☐

Super mobile cap ☐

Billing and payment options

Please select ONE payment option only

OPTION 1 - invoice ☐ ☐ green billing

Please send me an invoice to my billing address. Avaliable options of payment: BPay, EFT, Cheques, and via Australia Post.
To save the environment and save $2 per month please select green billing !

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 conÞrm 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 109 St Leonards NSW 1590**

ofbce use

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

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

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

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