

# AAPT Fibre 1000/1000 Application Form

Unit 207/27 Mars Road, Lane Cove NSW 2066

Billing Enquiries: 1300 NEXTEL

All enquiries 139 139 [billing@nextel.com.au](mailto:billing@nextel.com.au)

Company Name - Legal and Trading Name if applicable (or full name for individuals):		Application Date (dd/mm/yy):
Dealer Name (acting on behalf of Nextel Voice Pty Ltd)/Dealer Code or Affil. Code:	Sales Person's Name:	Sales Person's Email:
Dealer Email (this email will be used for order status updates):		

<b>APPLICANT DETAILS</b>	Password:	Campaign/Promo Code 1:	Campaign/Promo Code 2:
--------------------------	-----------	------------------------	------------------------

**CUSTOMER DETAILS**

Company Application  Sole Trader or Residential Application

Legal Entity (if applicable):	Trading Name (if applicable):	Company ABN / ACN / ABRN (if applicable):	
Site Address/Home Address for Residential (Floor/Level, Unit/Shop Number): Suburb:		State/Territory:	Postcode:
Primary Contact Name:		Primary Contact Position:	
Customer Email: *(for service notifications, marketing material, Holiday Rewards)		Telephone (Fixed):	Telephone (Mobile):
Driver's License No (Partner, Sole Trader & Residential Only):	State of Issue (Driver's License):	Date of Birth:	Years Trading:
Years at Residential Address:	Residential Address:	Suburb:	State/ Territory:
			Postcode:
IT Technician Name:		Email:	Telephone (Fixed & Mobile):

  

Existing Account Number	<input type="text"/>	Master Account Number	<input type="text"/>
-------------------------	----------------------	-----------------------	----------------------

**New Account Required:** Yes  No

Fibre 1/1 Modem required  Setup  Managed

Init.  
x

I consent to the above email address and my personal information being used for the delivery of invoices, notifications and marketing material from Nextel and its related bodies corporate and partners. For further information about how we collect and disclose your personal information, see our [Privacy Policy](#) and [Privacy Collection Statement](#) on our website.

## BILLING DETAILS

**Billing Options:**

Email Default

Paper ^  ^ \$2.95

Bill Summary - Tick to receive a summarised bill only

Itemised Billing - Tick to receive your bills with more detailed service itemisation (at no additional cost)

Direct Debit Payment - Tick to indicate that payment will be made via Direct Debit (must also complete and attach Direct Debit Request form)

Same as Customer Details - Tick if Billing Details are the same as the Customer Details provided above

Billing Address (if different from site address above):	Suburb:	State/Territory:	Postcode:
Billing Contact Name:	Position:	Billing Email:	
Billing Telephone (Fixed):	Billing Fax:		

# AAPT Fibre 1000/1000 Application Form

Unit 207/27 Mars Road, Lane Cove NSW 2066

Billing Enquiries: 1300 NEXTEL

All enquiries  139 139  [billing@nextel.com.au](mailto:billing@nextel.com.au)

## INSTALLATION COSTS ( ex GST )

Rate per month

Data allowance

Installation cost

Internal cabling

TERM

36 MONTHS

## SIP FOCUS EQUIPMENT

### Telephone system information

SV9100 System  3 Blade  6 Blade

SIP Trunk Quantity

Handsets  TDM  IP

Handset Quantity

POE Required

Mounting  WMB  Rackmount

Voicemail Users

Existing System

Trade-In  Y  N

New Site / Upgrade

## APPLICANT DECLARATION

As the Legal Lessee or duly authorised representative for the service numbers listed in this application, I/we hereby apply for Nextel Voice Pty Ltd supplied through network operators ("Carriers") nominated by Nextel Voice Pty Ltd and I/we agree that Nextel Voice Pty Ltd may change Carriers at any time without reference to me. I/We hereby authorise Nextel Voice Pty Ltd to notify any relevant Carrier to act any such changes, including authority to change Carriers by pre-selection. I/We acknowledge that I/We remain connected to my existing services until Nextel Voice Pty Ltd services have been activated. The Applicant acknowledges that such services will only be provided after acceptance of this application by Nextel Voice Pty Ltd and in particular following credit checks.

The Applicant understands and agrees to the Nextel Voice Pty Ltd Terms and Conditions and acknowledges that Nextel Voice Pty Ltd Services will be provided in accordance with the Nextel Voice Pty Ltd Service Terms and Conditions which the applicant has read and understood. I/We agree to Nextel Voice Pty Ltd obtaining from a credit reporting agency a report containing personal credit information in relation to personal or commercial credit provided by Nextel Voice Pty Ltd, or otherwise as set out in Nextel Voice Pty Ltd Service Terms and Conditions. I consent to the above email address and my personal information being used The Applicant by its duly authorised officer, attests to understanding and accepting the Nextel Voice Pty Ltd Service Terms & Conditions.

**IMPORTANT NOTICE TO THE PURCHASER** - You have a right to cancel this agreement within 10 days from and including the day after you signed/received this Customer Agreement. Important details about your additional rights to cancel this agreement are set out in the Cancellation Notice/information provided with this document. The Total Minimum Consideration Payable for this Agreement is the total of the Total Minimum Payable for the Agreement Term, for each service type. I acknowledge that the Minimum Payable amounts shown for each service type may be subject to a bundled services over term. In the event that an eligible bundled service is cancelled, standard pricing will apply to remaining services. For details of any applicable Early Termination Fees, please see the Rate Sheet enclosed with this agreement or contact Customer Service.

Name and Position of Applicant One:

Signature of Applicant One:

Date:

x

(If applicable) Name and Position of Applicant Two:

Signature of Applicant Two:

Date:

x

## CUSTOMER REFERRAL

Were you referred to Nextel Voice Pty Ltd by a current Nextel customer? If so, please provide their details below:

Referrer's Business Name:

Referrer's Name:

Referrer's Phone:

Referrer's Email (required for Holiday Rewards):

Referrer's Account Number (if known):