

Application Form

nextel

Nextel Direct Debit Request (DDR)

This form is to be completed by the customer.

Nextel Limited

ABN 69 139 958 820

Unit 1/16 Aquatic Drive
Frenchs Forest NSW 2086

Phone 139 139

billing@nextel.com.au

Request and Authority to debit

Your Surname or company name

Your Given names or ABN/ARBN

"You" request and authorise **Nextel Limited User ID 535980** to arrange, a debit to your nominated account to pay for your Nextel Telephony Rebill Account. This debit or charge will be arranged by Nextel's financial institution and made through the Bulk Electronic Clearing System (BECS) from your nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Amount of debit

Any amount Nextel has deemed payable by you (Tick if applicable)

OR

The amount specified in the invoice we have sent you, for payment on a due date (Tick if applicable)

OR

As outlined below continuing to end date (Tick if applicable)

Frequency

Periodic Amount

End date or

Until Further Notice (Tick if applicable)

Your account to be debited

Name/s on account

Financial institution name

BSB number (Must be 6 digits)

Account number

leaders in voice

Your contact details

Address

Email

Phone

The best way for us to write to you is by using the above email or address

Confirmation

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have confirm that:

- you are authorised to operate on the nominated account; and
- you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.

Your Signature

Signed in accordance with the account authority on your account:

Signature

Date

Contact details As above

Address

Email

Phone

Signing for a company

You must be authorised to sign on behalf of the company AND you must have authority to operate the Company's bank account.

Signature of duly authorised officer

Position held

Name

Address

Email (Notices will be sent to this email address)

Phone

Date

Signature company signatory (if required)

Signature of duly authorised officer

Position held

Name

Email

Date