

TeleSEQ – 13-1300-1800 PAF (PORTING AUTHORITY FORM)

RESELLER NAME: TeleSEQ
 Subsidiary of FXBCSC P/L

REQUEST DETAILS

STEP 1

- LNP of a 13 Service to TeleSEQ
- LNP of a 1300 Service to TeleSEQ
- LNP of a 1800 Service to TeleSEQ

END USER DETAILS

STEP 2

End Customer Organisation Name -			ABN/CAN -
Title -	First Name -	Last Name -	Position -
Mobile No. -		Email -	
Site Address -			
Suburb/Town -		State -	Postcode -

SERVICE INFORMATION

STEP 3

Service Number(s)	Answering Point	Service Number(s)	Answering Point

Who is the current Carrier for these services? -

What is this Carriers Account No.? -

Intended Usage of Service Voice Calls Fax Calls Data Calls

Existing Service Complex Routing Details (Please select if relevant)

- Call Forwarding on Busy/No Answer (If selected, complete Attachment 1, Section 1)
- State Based access (If selected, complete Attachment 1, Section 2)
- Region Based Access (If selected, complete Attachment 1, Section 3)
- Australia Wide Access (If selected, complete Attachment 1, Section 4)

DECLARATION

I certify that I have the authority to apply for and hereby apply to TeleSEQ to port a 13-1300-1800 number and acknowledge that:

- a) TeleSEQ will bill me for call and monthly charges made from my telephone lines according to the following Schedules.
- b) The service will be provided subject to the provisions of TeleSEQ's terms and conditions including a credit assessment.
- c) TeleSEQ may select the carrier in order to supply the service.
- d) I have read and agree to be bound by the terms and conditions which form part of this application.
- e) TeleSEQ, credit providers and the Carrier(s) may exchange call charging and Company account information.
- f) I hereby engage and authorize to facilitate the porting of all 13-1300-1800 service numbers as listed above.
- g) I authorize TeleSEQ to make enquiries and or changes to this form in order to expedite the process of porting numbers on behalf of end customer.

I/we certify that all the information supplied is true and correct:

<i>Name</i>	<i>Signature</i>	<i>Date</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>