



AUTHORITY TO CHANGE PROVIDER OF TELEPHONE SERVICES

Cybertel Telecom Pty Ltd
ABN: 20 114 904 835
PO Box 1373, CLEVELAND, QLD, 4163
Phone: 1300 763 201 Facsimile: 1300 763 501

* This form must accompany the Account Application Form.

CUSTOMER DETAILS

Customer / Legal Entity (block letters):

Trading Name (if applicable):

ABN / ACN: Type of Business:

Service Address:

Postal Address:

Customer Contact Name:

Phone: Fax:

Email: Plan:

NUMBER DETAILS

Please write telephone number(s) below indicating your choice of Cybertel Telecom as your preferred provider of pre-selectable and local telephone services. **PLEASE PRINT CLEARLY!**

Area Code	Number	Area Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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AGREEMENT & AUTHORITY

I certify that I have the authority to authorise this change and these details are correct. I understand that by nominating Cybertel Telecom as the preferred carrier for the telephone number(s) listed above, Cybertel Telecom will become the carrier of choice for the International and National Long Distance Services, and any other pre-selectable services charged to this number.

I authorise Cybertel Telecom to take any further action required, including signing any documents on my behalf, to give effect to this charge.

Signed: Date: