



For Customer Service
 please call 1300 656 121
 Level 10, 60 City Rd Southbank VIC 3006
 Fax: 1300 366 535

**Business Application Form
 & Direct Debit Request**

Consultant's Name	Team/Dealership	Customer no. (if existing M2 Customer)	Password for phone/internet enquiries
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT DETAILS			
Company Name or Full Name (if applicable):		Company ABN or DOB:	
Site Address:	Suburb:	State/Territory:	Pcode:
Billing Address (if different from site address above):	Suburb:	State/Territory:	Pcode:
Contact Name and Role in Company:	Email:	Tel (Fixed):	Fax:
Driver's License No. or other Photo ID:	State of Issue (Driver's License):	Mobile:	
(Referred By) Name:	(Referred By) Contact No.:		
SERVICE TYPES REQUIRED (Tick all applicable services)		BILLING OPTIONS	
Fixed Line <input type="checkbox"/>	Internet <input type="checkbox"/>	Mobile <input type="checkbox"/>	Email <input type="checkbox"/> OR Paper <input type="checkbox"/>

FIXED LINE SERVICE		Program: <input type="text"/>	AGREEMENT TERM	12 months <input type="text"/> Init.:	OR	18 months <input type="text"/> Init.:
Rate Plan: <input type="text"/>						
Service Number (inc. area code:)	Type of Service (eg Business, Fax, etc):	Site address (if different to above):	Directory Listing:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

INTERNET SERVICE		Service Type: ADSL <input type="checkbox"/>	Mobile Broadband <input type="checkbox"/>	New Service <input type="checkbox"/>	Transfer <input type="checkbox"/>	Current Provider <input type="text"/>
Service Number for Internet (inc. area code:)	Plan Type:	Monthly Cost:	Contract Term:	Set Up Cost:	Static IP:	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	Months <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	
Service Address:	Password:					
<input type="text"/>	<input type="text"/>					
Email address (preferences):	Hardware Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify	<input type="text"/>	
<input type="text"/> @m2data.com.au						
<input type="text"/> @m2data.com.au						

APPLICANT DECLARATION			
As the Legal Lessee or duly authorised representative for the service numbers listed in this application, I/we hereby apply for M2 Telecommunication Pty Ltd ABN 65 090 251 424 ("M2") Services as specified and acknowledges that M2 will bill me for the Services requested. Services will be supplied through network operators ("Carriers") nominated by M2 and I/we agree that M2 may change Carriers at any time without reference to me. I/We hereby authorise M2 to notify any relevant Carrier to effect any such changes, including authority to change Carriers by pre-selection. I/We acknowledge that I/We remain connected to my existing services until M2's services have been activated. The Applicant acknowledges that such services will only be provided after acceptance of this application by M2 and in particular following credit checks. The Applicant understands and agrees to the M2 Terms and Conditions and acknowledges that M2 Services will be provided in accordance with the M2 Service Terms and Conditions which the applicant has read and understood. I consent to the above email address being used for the delivery of invoices, notifications and marketing material from M2 and its related body corporates. The Applicant by its duly authorised officer, attests to understanding and accepting the M2 Service Terms & Conditions. IMPORTANT NOTICE TO THE PURCHASER - You have a right to cancel this agreement within 10 days from and including the day you sign/receive the Customer Agreement. Important details about your rights are set out in the Cancellation Notice provided with this document.			
Name of Applicant One:	(If applicable) Name of Applicant Two:		
<input type="text"/>	<input type="text"/>		
Signature of Applicant One:	Date:	Signature of Applicant Two:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Customer no. (if existing M2 Customer)

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MOBILE SERVICE

Service Number /New:	Plan	Contract Term	Minimum payable over contract term:	Current Provider:	Account Number/ DOB for Prepaid:	Handset Model/Credit:
		Mnths	\$			
		Mnths	\$			
		Mnths	\$			
		Mnths	\$			
		Mnths	\$			

CUSTOMER PORTING AUTHORISATION:
 I declare that I have a contractual right to the MSN(s) shown above and am authorised to request porting of the MSN(s). I acknowledge that I have been advised that by Porting the MSN(s), any services and/or Related Services associated with the MSN(s) may or may not be disconnected from the Losing Service Provider and may result in finalisation of the account for the service(s). I authorise the MSN, the Gaining Service Provider and the Network Type (M2Telecom Mobile GSM) to be disclosed to other Network Provider and portability Service Suppliers for the purpose of routing of calls, customer network fault management and routing of SMS messages to that MSN after porting activity. I acknowledge that I have been advised by M2.

Signature of Applicant One:	Date:	Requested Porting Date:
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CUSTOMER ACKNOWLEDGEMENT:
 I acknowledge that I have been advised by M2 that although I may have the right to Port the Mobile Service Number(s), there may be costs and obligations associated with the existing mobile service(s) and Porting the Mobile Service Number(s). I may or may not be in an existing contract with the current Carriage Service Provider(s). The contract may or may not include an obligation to make early termination payments to the current Carriage Service Provider(s).
 The Applicant by its duly authorised officer, attests to understanding and accepting the M2 Service Terms & Conditions.

Signature of Applicant One:	Date:
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PAYMENT METHOD

Direct Debit from Bank Account (complete Schedule 1) OR **Debit from Credit Card** (complete Schedule 2)

Direct Debit Request and Authority To Debit the account named below to pay M2 Telecommunications Pty Ltd

Company Name or Surname:	ABN or Given names:
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request and authorise M2 Telecommunications Pty Ltd ABN 65 090 251 424 ("M2") to arrange for any amount M2 may debit or charge (as described in Schedule 1 or 2) as specified below and subject to the terms and conditions of this Direct Debit Request. This Direct Debit Request allows for M2 (Direct Debit User ID 153125) to debit the nominated account until further notice in writing through the Bulk Electronic Clearing System held at the financial institution identified below, subject to the terms and conditions of the Direct Debit Request Service Agreement a copy of which I have received, read and understood, and any further instructions provided below. Debits may be made fourteen days after the issue of a billing advice.

SCHEDULE 1:

Financial Institution:	Branch:
Name of Account:	BSB:
	Account Number:

ACKNOWLEDGEMENT: By signing this Direct Debit Request I/We acknowledge having read and understood the terms and conditions governing the debit arrangements between M2 and me/us as set out in this Request and in your Direct Debit Request Service Agreement. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement. I/We confirm account details are correct and that this request is signed by the required number of authorised signatories.

Signature of Applicant One:	Date:	Signature of Applicant Two: (if applicable):	Date:
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SCHEDULE 2:
Credit Card Authority to Debit

Cardholder's Name:	Credit Card Number:		
Cardholder's Signature:	Card Type: [†]	Expiry date (mm/yy):	

[†]VISA, AMEX, Diners, or MasterCard. A surcharge of 1.9% will be applied to payments made using VISA or MasterCard, and 3.75% for payments using AMEX or Diners Club.