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|  |  | **INBOUND SERVICES**  **APPLICATION FORM FOR SIMPLE SERVICES**  Send completed forms by **Email**: [TBSFreeCall1800SA@team.telstra.com](mailto:TBSFreeCall1800SA@team.telstra.com)  or by **Fax:** 1800 257 195.  For further assistance please contact your Telstra Representative.  **This form is to be only used for either a new simple service or to port a simple service. For new or ported complex services or Enhanced Rights of Use numbers, please complete the Inbound Application Form (for Complex Services)** |
| **Company Name** is the legal entity under which the service will be registered. In this Application Form, references to "you", "I" or “us” refer to the Company.  **ACN / ABN** is Australian Company Number or Australian Business Number.  **Trading / Business Name** is not a legal entity but is the name under which your business trades.  **Contact Name** is the person representing the Customer for billing and contract administration.  **Site Administrator Contact** is the person representing the Company for any technical issues relating to the service. This person may differ from the contact person. |  | **CUSTOMER DETAILS**   |  |  |  |  | | --- | --- | --- | --- | | Company Name |  | | | | ACN or ABN |  | | | | Billing Address |  | | | | Trading / Business Name |  | | | | If a Person: Drivers Licence # |  | Date of Birth: |  |   **CONTACT DETAILS**   |  |  | | --- | --- | | Contact Name |  | | Service Address |  | | Telephone No | (     ) | | Facsimile No | (     ) | | E-Mail Address |  |   **SITE ADMINISTRATOR CONTACT DETAILS**   |  |  | | --- | --- | | Contact Name |  | | Telephone No | (     ) | | Facsimile No | (     ) | | E-Mail Address |  | |
| Please indicate whether you require a new Telstra Account or have an existing Telstra Account.  If you have an existing Telstra Account, you may provide us with a Billing Reference ID which should be 16 alphanumeric characters in length. The Billing Reference ID will identify bills for your Inbound Service if the Account Number is used for multiple services. |  | **BILLING DETAILS**  New Account OR  Bill Services to existing Account  For new accounts, your bill will be sent to the billing address above. If you have an existing Telstra Account, please specify your Account / Full National Number (FNN), Billing Reference ID and Billing Aggregator No (if applicable):   |  |  | | --- | --- | | Existing Account No. / FNN |  | | Billing Reference ID |  | | Billing Aggregator No. |  | | These account numbers ***must*** match the legal entity in the section above.   |  |  | | --- | --- | | **Purchase Order Number** (if applicable): |  | | | |
| You must complete the password and authorisation details for at least one contact person to manage your Inbound Services.  Please note: The authorising contacts and passwords will be needed to make future modifications to your Inbound Services. |  | **SERVICE PASSWORDS AND AUTHORISATIONS**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name  *Mr/Ms/Mrs First Name, Surname* | Phone Number | Password | Authorisations *(please tick)* | | | | Authorised email address | All Adds Moves & Changes  \*mandatory | Service Manager | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| The next available number is a number out of the available number pool of Administratively Allocated Numbers, which are freephone or local rate numbers allocated to us which we then allocate to you. Such numbers exclude Phonewords and numbers with memorable numeric sequences.  **Note**: This number is not guaranteed until confirmed in writing after connection. |  | **SERVICE DETAILS**  I would like to register for the following Inbound Service:  Priority One3  Priority 1300  Freecall One8  Freecall 1800  New Service: Please note that the next available number will be allocated.  **OR**  Service Ported From another carrier. A Port Authority Form must be submitted with this form.  Ported Service Number:  Will this service be managed via your existing IN-Control service?  Yes (please list one of your Inbound services currently accessed by IN-Control)    Do you want this service to appear in your IN-Control Call Direct service?  Yes (please list one of your existing Inbound services)    Do you want this service to appear in your Telstra Analyser Online Reports?  Yes (please list one of your existing Inbound services)    **ACTIVATION DATE:**  If we accept your application, we will activate your Inbound Service within a reasonable time after your application has been accepted. |

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| An answer point number can be either an Australian fixed or mobile number (10 digits, including area code) or an international number.  Customers can direct calls from predetermined regions to specific answering numbers. |  | **CALL ROUTING REQUIREMENTS**  **Please select one of the following two options:**  Do you want to receive all calls (including calls from mobiles) originating from ALL of Australia at a single answer point number?  Yes Please state the answering point destination number:  **OR**  No Please complete “Enter call routing requirements here” below, describing your service requirements.  **Consider:**  Originating Area – Where you want to receive calls from. For example, calls from one State, several States, a metro area.  Answering Point – At what number and what times will these calls be answered? Do you want to route calls to a different number after hours, or do you want the calls to overflow to another number if the first line is busy or unanswered? E.g. calls from NSW to answer point 02 91xx xxxx and overflow when busy or unanswered to 02 92xx xxx between 8am to 6pm Mon-Fri & 9am to 12pm Saturday. At all other times forward calls to 04xx xxx xxx.  **Enter call routing requirements here:** |

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| **Our Customer Terms** means the Standard Form of Agreement formulated by Telstra for the purposes of Part 23 of the Telecommunications Act 1997 (Cth), as amended from time to time in accordance with the Act.  You may view Our Customer Terms at <http://www.telstra.com.au/customerterms/> or obtain a copy from us.  **Privacy** Telstra’s Privacy Statement is available at <http://www.telstra.com.au/privacy> or by calling us on 1800 039 059.  By signing this application form you warrant that you have the authority to make this application on behalf of the Customer named above. |  | **APPLICATION**  I wish to apply for the Inbound Service described in this application form and acknowledge that if my application is accepted it will be provided on the terms and conditions set out in this application form and Our Customer Terms. If there is an inconsistency between this application form and Our Customer Terms, this application form applies instead of Our Customer Terms to the extent of that inconsistency.  I acknowledge that I have either received, or have had the opportunity to review, a copy of Our Customer Terms.  **Privacy**  You agree, and will ensure that any of your related bodies corporate which receive services connected with this application form and your representatives are aware, that Telstra may:  (a) use and disclose information about you and each of them in accordance with Telstra’s Privacy Statement; and  (b) give to, seek and obtain from, a credit reporting agency, information (including personal and credit information) about you to assess your credit worthiness.  You agree that Telstra may send commercial electronic messages (including information about Telstra’s products and services) to each of the electronic addresses for which you are the account holder, unless you tell us otherwise.  **SIGNED** by me for and on behalf of the Customer as its authorised representative:   |  |  |  |  | | --- | --- | --- | --- | | Signature |  | Date |  |  |  |  |  |  | | --- | --- | --- | --- | | Print Name |  | Position |  | |
| This section will be completed by your Telstra Representative following receipt of your application |  | **TELSTRA USE ONLY**   |  |  | | --- | --- | | Maxim ID / Reference Number |  | | Telstra Sales Representative | Name: | |  | Ph: | | Telstra Sales Representative ID |  | |
| This section will be completed by your Telstra Dealer following receipt of your application. |  | **DEALER DETAILS**   |  |  | | --- | --- | | Company Name |  | | Sales Representative | Name: | |  | Ph: | | Dealer Code |  | | Rep ID |  | | Transaction Number |  | |