



CHANGE OF CUSTOMER/LESSEE APPLICATION FORM

Once Outgoing Customer/Incoming Customer/Services to be Transferred sections have been completed & signed, return to Telstra.

FAX: 03 8601 2361 POST: Telstra COL Team, Locked Bag 20026, Melbourne VIC 3301

For enquiries regarding this application, contact Telstra on 13 2200.

SECTION 1. PERSONAL DETAILS – OUTGOING CUSTOMER

Instructions for the Outgoing Customer:

Only complete Section 1.

Customer Name (including trading name if applicable)

ABN/ACN (company customers only)

Account Number (not a Mobile account)

Final Billing Details

Billing Name (leave blank if same as the name above)

Billing Address

Suburb

State

Postcode

Outgoing Customer – Authority Details

I request Telstra Corporation Limited to transfer the services listed in Section 3 to the incoming customer listed in either Section 2 and I authorise Telstra to do so. I understand that I will be legally liable for all charges associated with the service until the date the transfer takes effect.

Customer/Authorised Representative Name

Date of Birth

Position in Business

Contact Telephone

Contact Fax

Customer/Authorised Representative Signature

Date

SECTION 2. BUSINESS CUSTOMERS – INCOMING CUSTOMER

Customer Name (including trading name if applicable)

ABN/ACN (company customers only)

Billing Name (leave blank if same as the name above)

Billing Address

Suburb

State

Postcode

Customer/Authorised Representative Name

Date of Birth

Position in Company



SECTION 3. SERVICES TO BE TRANSFERRED

The Transfer Date for the Listed Service(s)

/ /

The transfer date is the day the transfer of ownership of the accounts/services takes place and cannot be a date before Telstra accepts this application.

Site/Service Address

Suburb

State

Postcode

Are the premises rented or owner occupied?

Billing

If consolidating to an existing Telstra account, enter existing account number here.

If you would like your bills sent to a different address, enter details below.

Billing Name (if different to customer name)

Billing Address

Suburb

State

Postcode

Service Numbers

Service number(s) to be transferred

Check this box if a Silent Line is required

If a directory listing is required state listing below, leave blank if **not** required

Name of plan for service (e.g. BusinessLine® Complete)

Service number(s) to be transferred	Check this box if a Silent Line is required	If a directory listing is required state listing below, leave blank if not required	Name of plan for service (e.g. BusinessLine® Complete)
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

If more space is required, attach a separate page with details.

Note 1: For MOBILE PHONE SERVICES, call Telstra Mobiles on **125 111**. Do not use this form.

Note 2: For bold directory listings, additional listings and other directory options, contact Sensis on **1800 810 211**.

Note 3: There is a monthly fee for Silent Line. Please ask your Telstra Sales Consultant for the current cost.



SECTION 3. SERVICES TO BE TRANSFERRED CONTINUED

Outgoing Call Access

If a restriction is required on outgoing calls, please state the call types to be restricted.

Local
 STD® & Calls to Mobiles
 International (ID)
 190 Information Calls
 Operator Assisted

If individual services are to have specific barring requirements, attach a separate sheet with details.

Carrier Selection

Preferred Long Distance Carrier (calls to mobiles, STD and International)

Other
 Telstra

If other, specify carrier name

If individual services are to have specific carrier requirements, attach a separate page with details.

Incoming Customer Authority

I understand that I am applying to become the lessee of the Telstra service(s) listed in Section 3 of this application form. I understand that I will be legally liable for all charges associated with the service from the date the transfer takes effect. I understand that I am entering into a contract with Telstra under the terms and conditions contained in Telstra's "Our Customer Terms", at Telstra Shops or at telstra.com

Customer/Authorised Representative Name

Position in Business

Contact Telephone

Customer/Authorised Representative Signature

Today's date

Office Use Only

Sales Consultant Name

Sales Rep ID

Sales Consultant Contact Number