PHONE 1300 666 117
FAX 1300 666 118
admin@line1networks.com
www.line1networks.com
ABN 47 110 403 441

LIVE ANSWER CONTRACT

Company Name _____
ACN/ABN _____
Company Address _____
Suburb _____
State _____
Post Code _____
Postal Address _____
Suburb _____
State _____
Post Code _____

Name _____
Contact Number _____
Email Address _____
Fax Number _____
Accounts Contact _____
Contact Number _____
Email Addres _____
Fax Number _____
Business Hours _____

LIVE ANSWER INFORMATION

☐ $55 per month (40 included calls) $1.65 per excess incoming call
☐ $77 per month (60 included calls) $1.65 per excess incoming call

Message is despatched to;

SMS Destination _____ Email Destination _____

I have viewed and understood the Terms and Conditions, pertaining to this service located at www.line1networks.com and understand that the term of this agreement is for a period no less than 30 days.

Signature:_____

Name: _____

Date: _____

DIRECT DEBIT INFORMATION

Company Name: Credit Card/Direct Debit Request
Customer Request.
I/We ……request you Line1 Networks to arrange for funds due for payment to be debited from my/our account detailed below under the Direct Debiting System. This authorisation is to remain in force in accordance with the terms described in the Customer Service Agreement, a copy of which I have received.

Signature: _____ Date: _____

Signature: _____ Date: _____
If a joint bank account please include both signatures.

Details of Credit Card that is to be billed
Name of Financial Institution (eg: Commonwealth etc): _____
Type of Credit Card: Mastercard - Visa

Card Holders Name: _____

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Expiry Date: ☐☐☐☐ CSV Number:☐☐☐

PLEASE FAX COMPLETED FOR TO 1300 666 118