

YOUR DETAILS		
Title: Given Name:	Surname:	
Telephone [home]: [work]:	[mobile]:	
Current Email Address:	Preferred FUZEconnect Email:	
INSTALLATION ADDRESS		
Lot No.	uilding Name [if applicable]:	
Street Number and Street Name:		
Suburb:	State: Postcode:	
YOU ARE AN Owner/Occupier Tenant	Tenant Lease Dates: From: / / to /	/
SERVICE ACTIVATION DATE [date you require your services]	From: / /	
OUR SERVICES PLEASE TICK THE PLANS YOU WO	OULD LIKE TO SIGN UP FOR 🗹	
1. INTERNET PLAN OPTIONS		
100GB 50GB + 50GB FEAK OFF-FEAK  Minimum total charge for a 12 month plan of 50Mbps = \$599.40.Cost = 0.499vMB. Minimum total charge for a 12 month plan of 50Mbps = \$719.40. Cost = 0.059vM8.	Up to 25Mlbps 50Mlbps 100Mlbps 300Mlbps 50Mlbps 50Mlb	st = 0.023c/MB. st = 0.026c/MB.
FUZENET   25Mbps   50Mbps   100Mbps   100Mbp	1000gB	
2. PHONE PLANS	FUZ©TALK	
		ost
FUZCTALK 15C untimed Oc flagfall 0c flagfall	28 <sup>C</sup> p/min from 1 <sup>C</sup> p/min 90 flagfall 19c flagfall 19c flagfall	.95 p/month
FUZCTALK UNLIMITED Oc flagfall Oc flagfall	28 <sup>c</sup> p/min from 1 <sup>c</sup> p/min 9c flagfall 19c flagfall	9.95 p/month
3. CONTRACT TYPE & CONNECTION FEES  24 month contract \$0  12 month contract \$99  6 month contract \$99  10 month contract \$90  10 month co	onth contract \$199 NO contract \$299	
Contract terms are conditional upon direct debit payment method and email bill delivery. Paper invoices will in above + relevant installation fee. Plans are subject to availability. All data plans include peak and off-peak limit 256K/256K for the period in which the monthly usage quota has been exceeded (peak or off-peak). No excess suitable network connection from Service Elements. Phone calls made with FUZEtalk are billed per minute. Plat Use policy applies. Full product information, terms and conditions, privacy policy and acceptable use policy are confirmed acceptance of FUZEconnect policies and terms and conditions.	ts. Peak times are from 8am - 2am AEST and off-peak times are from 2am - 8am AEST. Internet speed w usage will be charged. Connection fees apply (shown above). The provision of these services is subject an prices are correct as of 01/11/2012 and are subject to change with a 30 day written notice. All prices	vill be shaped to to you sourcing a include GST. Fair
ABN: 87 125 757 511 PO Box 557   Gladesville   NSW   1675	EII	70

Phone: 1300 881 917 | Fax: Fax: 02 9719 0919 | service@fuzeconnect.com.au | www.fuzeconnect.com.au



Title:	Given Name:		Surname:				
Telephone (home):		(work):		(mobile):			
FUZE Account Num	ber or Street Address:						
PAYMENT OP	ΓIONS						
BANK ACCO DIRECT DEB	.,	umber:					
	Signature:				Date:	/	/
CREDIT CAR DIRECT DEB		is form as authorisation to deb nect account becomes due.  MASTERCARD  ears on card]:	it my valid credit ca	rd to clear my l	palances o	wing wh	en a payment
	Signature:	,			Date:	/	/
DIRECT DEBIT	CONDITIONS	OF USE					
You may to make the day after the due date on your bill, or up to 3 days after this date. Where the due date falls on a non-business day, we will draw the amount on the next business day. We will not change the frequency of the drawings / at a draw strangements without your prior approval. Such and we reserve the right to cancel the FUZEconnect Pay Plan drawing arrangements if three or more drawings are returned unpaid by your nominated "inancial Institute, and to arrange with you an alternate payment method. We will keep all information pertaining to your nominated account at the Financial institute private and confidential.		YOUR RIGHTS:  You may terminate the FUZEconnect Pay Plan drittine by giving written notices to us. Such notice at least ten (10) business days prior to the due of a drawing under the FUZEconnect Pay Plan by Such notices should be received by us at least te to the due date.  You may request changes to the drawing amoun FUZEconnect Pay Plan drawings by contacting us or letter, and advising your requirements no less prior to the due date. Where you consider that arrangmatter up directly with us (Customer Service 13) debit claim through your Financial Institution.	s should be received by us at a tate. You may stop payment giving written notices to us. In (10) business days prior the svia facsimile (02 9719 0919) than ten (10) business days drawing has been initiated gements), you should take the	YOUR COMMITMENT TO US:  Your responsibilities: It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.  It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction help by the Financial Institution where the account is based.  It is your responsibility to advise us if the account nominated by you to receive the FUZEconnect Pay Plan drawings is transferred or closed.  It is your responsibility to arrange with us a suitable alternate payment method if the FUZEconnect Pay Plan drawing arrangements are cancelled either by yourself or the nominated Financial Institution.			
CUSTOMER SI	GNATURE						
	at I am over the age of (available on www.fuz	18 and able to order this servi	ce. I have been give	en access to an	d accept t	he Terms	s and
	Signature:				Date:	/	/

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