



# 1300/1800 Number Application Form

Ph: 1300 664 186  
Fax: 1300 886 984

PO Box 472  
Burpengary Q 4505

## Franchisee / Agent Details:

Franchisee/Agent:  Sales Person:

## New Member Details:

First Name:  Surname:  DOB:

Business Name (If Applicable)  ABN:

Address:

Suburb:  State:  Post code:

Phone Number: (  ) Work Number: (  )

Mobile Number:  Email:

## Additional Questions and Information:

How did you hear about Saco Technology?

Would you like web access to your account?  Yes  No Preferred Password:

## New 1300/1800 Number/s: (Only complete if requesting a new 1300/1800 number/s)

New Inbound Number:

Inbound Complete - \$9.95  Inbound Plus - \$14.95  Inbound Ultimate - \$19.95

Answering Point (Mobile or Landline number)

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Answering Point (Mobile or Landline number)

**Port Existing 1300/1800 Number/s: (Only complete if transferring a 1300/1800 number/s)**

Existing Provider/s:  Wholesale Port Number:




Service Number to transfer	Answering Point	Current Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Inbound Complete - \$9.95	<input type="checkbox"/> Inbound Plus - \$14.95	<input type="checkbox"/> Inbound Ultimate - \$19.95

Service Number to transfer	Answering Point	Current Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Inbound Complete - \$9.95	<input type="checkbox"/> Inbound Plus - \$14.95	<input type="checkbox"/> Inbound Ultimate - \$19.95

Service Number to transfer	Answering Point	Current Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Inbound Complete - \$9.95	<input type="checkbox"/> Inbound Plus - \$14.95	<input type="checkbox"/> Inbound Ultimate - \$19.95

**Payment Options:**

Your selected payment method will be charged the setup/port fee on completion of this application form

Payment Method:   Visa   MasterCard  

If you have selected Direct Debit please complete separate direct debit form.

Name on Card:

Card Number:

Expiry Date - MM/YY  /

Signature:

Date - DD/MM/YY  /  /

**Declaration:**

I certify that I have the authority as lessee of the service(s) listed on this form and its attachment, or as the authorised agent for the lessee, to request porting of these services to Saco Technology or activation of these services. I understand that porting will result in disconnection of these service(s) from existing carrier and finalisation of the account(s) for these services from existing carrier. I/we understand that current rates are available on our website or through your local representative and these rates can change at any time. I/we understand that Saco Technology may perform a credit check of your application to assess your credit worthiness. I/we rely that the available 1300, 1800 numbers can vary depending on time of application and these numbers will be confirmed if available after your application is received. I/we have read and understood Saco Technology's General Terms & Conditions and Saco Technology Inbound Terms & Conditions (found on our Web Site or provided to me/us by a Saco Technology representative at my/our request) and agree to abide by them. I/we also verify being over the age of 18.

Your Name:  Signature:

Date—DD/MM/YY  /  /