



## Phone Pre-select Application Form

T: 02 8585 5433 F: 02 8585 5488  
PO Box 250 PYRMONT NSW 2009

### 1. Customer Details

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Work Phone Number	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		
Company/Business Name (If applicable)	<input type="text"/>	<input type="radio"/> ACN <input type="radio"/> ABN (Choose one)
		<input type="text"/>

### 2. Preselected numbers

Phone Number (1) ( ) <input type="text"/>	Phone Number (2) ( ) <input type="text"/>	Phone Number (3) ( ) <input type="text"/>
Phone Number (4) ( ) <input type="text"/>	Phone Number (5) ( ) <input type="text"/>	Phone Number (6) ( ) <input type="text"/>
Phone Number (7) ( ) <input type="text"/>	Phone Number (8) ( ) <input type="text"/>	Phone Number (9) ( ) <input type="text"/>
Phone Number (10) ( ) <input type="text"/>	Phone Number (11) ( ) <input type="text"/>	Phone Number (12) ( ) <input type="text"/>

### 3. Payment Details (Choose one option)

<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card Number <input type="text"/> Cardholder's Name <input type="text"/> Expiry Date <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Direct Debit Account Holder's Name <input type="text"/> BSB Number <input type="text"/> Account Number <input type="text"/> Financial Institution <input type="text"/>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### 4. Customer Authorisation

The account holder has read and accepts the Yak Terms and Conditions and confirms that he/she is 18 years or older.	
Signature <input type="text"/>	Date <input type="text"/>

Please fax this form back to Yak Networks on **02 8585 5488** or post it back to  
**Yak Networks** at PO Box 250 PYRMONT NSW 2009.

#### Applicable conditions

- 1) A \$300 fully refundable deposit is payable upon successful pre-selection with Yak Networks Pty Ltd.
- 2) All billing information is electronic via email. Statement service attracts an additional \$9.90pm cost.