

### 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:

### Username and Password:

Preferred Username:  Alternate Username:

Password:

Please Note: Passwords must contain at least one (1) letter, one (1) number, be from 6 to 32 characters long and contain no spaces. Your password is the key to your account.

Correspondence Email Address: (If as above please write as above)

If you would prefer all correspondence from Saco Technology to be delivered to a different email address from the one listed above please write that email address you would like to use in the box provided.

### VoIP Plan:

- Home Value Plan - \$0 a month with a \$5 minimum spend
  Small Office Plan - \$9.95 a month  
 Business Saver Plan - \$14.95 a month
  Enterprise Plan - \$49.95 a month  
 Voicemail \$4.95 a month
  VoIP Line Hunt \$9.95 a month

### VoIP Hardware:



- BYO (Bring Your Own)  
 Siemens Wireless C470 IP Phone - \$229.95  
 Siemens Wireless C470 IP Phone with extra handset - \$329.95  
 Cisco SPA942 Business Phone - \$299.95  
 Cisco SPA962 Business Phone - \$499.95



All hardware pricing includes FREE shipping and setup

## VoIP Account Options:

Phone Numbers (DIDs) - \$9.95 each      Place a number in each box of how many DIDs you would like to order.

Sydney     
  Brisbane     
  Adelaide     
  Perth     
  Melbourne

Other: (Please explain details of your PBX and or DIDs setup if applicable)

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## Additional Questions and Information:

How did you hear about Saco Technology?

How would you prefer to be notified about the progress of your application?   
  Email     
  SMS     
  Mail

## Payment Options:

Your account will be charged \$10 to confirm your payment method is valid on completion of this application form which will be credited to your account

Payment Method:     
   Visa     
   MasterCard     
   Direct Debit

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/We understand: the VoIP service plan and hardware option I/we have selected; prices quoted are for self installation with telephone support; a minimum of 2 working days is required for service connection to be completed. All accounts must be paid by Credit Card or Direct Debit except where there is prior written agreement with Saco Technology Management and are post paid with invoicing and billing occurring around the 1<sup>st</sup> of every month; Saco Technology will always aim to provide the best and most reliable service possible, but cannot be responsible for any loss of service, regardless of the party at fault; the account will not be used for any illegal or anti-social purposes, including obscene, abusive, fraudulent, threatening or otherwise unacceptable messages or usage; in the event that my/our account remains unpaid for a period of 7 days or more, Saco Technology reserves the right to disconnect my/our service. Fees which result from the reactivation of the service will be my/our responsibility; I/we have read and understood Saco Technology's General Terms & Conditions and Saco Technology VoIP 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  /  /