

CHANGE OF OWNERSHIP

Please complete all sections and return via:

Fax: 1300 785 041, Post: GPO Box 774 Melbourne VIC 3001 or Email:

admin@bctelecom.com.au For more information please go to www.bctelecom.com.au or call us on 1300 815 549

CURRENT ACCOUNT HOLDER DETAILS

Account Name: _____ Account Number: _____
Billing Address: _____ State: _____ Postcode: _____
Postal Address: _____ State: _____ Postcode: _____
Phone: _____
Mobile: _____
Fax: _____
Email: _____

NEW ACCOUNT HOLDER DETAILS

Account Name: _____ Account Number: _____
ABN: _____
DOB: _____
Do you agree to a standard credit check: YES / NO
Billing Address: _____ State: _____ Postcode: _____
Postal Address: _____ State: _____ Postcode: _____
Phone: _____
Mobile: _____
Fax: _____
Email: _____

SERVICES TO BE TRANSFERRED TO THE NEW ACCOUNT effective from: _____

AUTHORISATION:

Both parties agree that all the details provided on this form are correct. Upon signing this form the Previous Account Holder agrees transfer all responsibility and rights of the above Account and all services associated with this account to the New Account Holder. Upon Signing this form the New Account Holder agrees to accept all responsibility and rights of the above Account and all services associated with this account from the Previous Account Holder. The New Account Holder agrees that they have read the terms and conditions and agrees to be bound by them. Cancellation will not affect the New Account Holder's Obligations to pay the monthly fee in accordance with Business Class Telecom's Standard Form of Agreement.

Cancellation will not affect your obligations to pay the monthly fee in accordance with the terms.

Name of Previous Account Holder: _____ Date: _____
Signature of Previous Account Holder: _____
Name of New Account Holder: _____ Date: _____
Signature of New Account Holder: _____