

## CUSTOMER DETAILS

**Customer Type:** New Customer

**Reference Number:**

**Account Number:**

## COMPANY'S DETAILS

**Company/Business Name:**

**Address:**

**Business Trading Name:**

**Sub Address:**

**ACN**

**Suburb:**

**ABN**

**State:**

**Phone:**

**PostCode:**

**Fax:**

**Email:**

## DIRECTOR'S DETAILS

MR MRS MISS MS DR OTHER

**First Name:**

**Email:**

**Last Name:**

**Mobile:**

**Date Of Birth:**

**Landline:**

**PRIMARY ID:** Driving License

**SECONDARY ID:** Medicare Card

DRIVING LICENCE NO.

MEDICARE CARD NO.

LICENCE EXPIRY DATE:

MEDICARE CARD EXPIRY:

## ADDITIONAL REPRESENTATIVE CONTACT DETAILS

MR MRS MISS MS DR OTHER

**First Name:**

**Email:**

**Last Name:**

**Mobile:**

**Date Of Birth:**

**Landline:**

**PRIMARY ID TYPE :** Driving License

**SECONDARY ID TYPE :** Medicare Card

DRIVING LICENSE NO:

MEDICARE CARD NO:

LICENCE EXPIRY DATE:

MEDICARE CARD EXPIRY:

### Full Authority Contact Options

\* ID copies MANDATORY for the following. \*ID Details are required for verification.

#### Full/Primary Authority

- Must be at least 18 years old.
- Can only be appointed by the Account Holder (Legal Lessee).
- Isn't financially liable for the costs and debts incurred on the account holder's account.
- Access to all information on account and may act on behalf of the Account Holder

#### 3rd Party Authority

- Must be at least 18 years old
- Has the same permissions as a Full Authority Contact
- Must provide us with documents that confirm their position.
- Power of Attorney, Liquidation Representative

### Limited Authority Contact Options

\*ID copies not Required for the following. \*ID Details are required for verification.

Account Verification Password:

\*Minimum 6 Alphanumerical Characters

\*Please ensure for all Full/Authority contacts ID Copies are to be emailed to [billing@realelcom.com.au](mailto:billing@realelcom.com.au)

You are required to provide a Statutory Declaration along with this form.

Site Contact

Technical Contact

Support Contact

PLEASE SIGN AND DATE