



Ph: 1300 00 77 03
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CHANGE OF OWNERSHIP

OFFICE USE ONLY
DATE RECEIVED _____ STAFF _____

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Previous Account Holder Details

CURRENT ACCOUNT NUMBER _____

Account Number : _____ Account Name: _____
Contact: _____
Billing Address: _____ State ____ Postcode ____
Postal Address: _____ State ____ Postcode ____
Contact No. _____ Mob No. _____ Fax No. _____
Email Address: _____

New Account Holder Details

NEW ACCOUNT NUMBER _____

ABN NO. _____ DOB _____
Account Name: _____
Contact 1 : _____ Contact 2 : _____
Billing Address: _____ State ____ Postcode ____
Postal Address: _____ State ____ Postcode ____
Contact No. _____ Mob No. _____ Fax No. _____
Email Address: _____

SERVICES TO BE TRANSFERRED TO THE NEW ACCOUNT. Effective from ____ / ____ / 2010

Fixed Line Telephony Services

Does the new owner accept a Change of Lessee will incur a charge of \$59.00inc GST per CSN ? YES / NO

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 and to under go a standard credit check. Cancellation will not affect the New Account Holder's obligations to pay the monthly fee in accordance with TELKO's Standard Form of Agree-

Name of Previous Account Holder: _____ Date : ____ / ____ / ____

Signature of Previous Account Holder: _____

Name of New Account Holder: _____ Date : ____ / ____ / ____

Signature of New Account Holder: _____

ment.

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