

ADSL Application Form BFHP

Partner ID

Organisation Details (Business Customers please complete)

Name

Trading Name

ABN BBFH Claim Number **BFH**

Contact Details

First Name Last Name Title

B.H. Phone A.H. Phone Fax

Email Mobile

Street Address (The address where the service is to be provided)
Address

Suburb State Postcode

Postal/Billing Address (if different to street address)
Address

Suburb State Postcode

ADSL Details

Phone Number that the ADSL service will be connected to

ADSL Plan Details	Service Speed
IntegrityNet ADSL Plan Name <input type="text"/>	
Plan Details: Plan Fee <input type="text"/> - per - Month Ex GST	512/512 <input type="checkbox"/>
Data Included <input type="text"/> Mbytes per Month	1500/256 <input type="checkbox"/>
Excess Data Charge <input type="text"/> Per Mbyte	

Please charge the connection fees and ongoing recurring amount to the following credit card:

Card Number

Expiry CVV

Name

CVV Security Number:

On Visa Mastercard or Bankcard the CVV number is the last 3 digits of the number printed on the signature panel of the card. On American Express cards it is the 4 digit number printed above the card number on the front of the card.

I hereby Authorise Integrity Network Solutions Pty Ltd (Integritynet) to connect broadband ADSL to the line number specified and on the Plan specified for a minimum period of 12 months. I authorise Integritynet to debit the nominated credit card \$469.00 ex GST connection fee plus any remaining monthly plan fee after my eligible HIC BFHP subsidy. Any fees for excess usage in areas at the end of each month and any fees arising from disconnection of the service within the first 12 months. By signing below I am also confirming that I am eligible for the government subsidy and are liable for any charges.

Signature Date

Print Name

Return completed form to FAX 02 4337 8899

Office Use Only F-AA1.2

DC SQ EC AE IN PD OC RC

Ticket #

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Integrity Network Solutions Broadband for Health Terms and Conditions.