

Change Of Ownership

OFFICE USE ONLY

Date Received _____ Staff _____

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Previous Account Holder Details

Account Number: _____ Account Name: _____
Contact: (Mr/Ms/Mrs/Dr or other (please specify)) _____
Billing Address: _____ State: _____ Postcode: _____
Postal Address: _____ State: _____ Postcode: _____
Telephone No.: _____ Mobile No.: _____ : Fax No: _____
Email Address: _____
Postal address for final bill _____

New Account Holder Details

ABN No: _____ DOB: _____ Do you agree to a standard credit check? YES / NO
Account Number: _____ Account Name: _____
Contact: (Mr/Ms/Mrs/Dr or other (please specify)) _____
Billing Address: _____ State: _____ Postcode: _____
Postal Address: _____ State: _____ Postcode: _____
Telephone No.: _____ Mobile No.: _____ : Fax No: _____
Email Address: _____

Services to be transferred to the new account Effective from ___/___/_____

New Account Holder Details

Does the new owner accept a Change of Lessee will incur a charge of \$98.00 Inc. 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 to 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, rights and contractual obligations 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. Cancellations will not affect the New Account Holder's Obligations to pay the monthly fee in accordance with company's Standard Form of Agreement.

Name of the Previous Account Holder _____ Date: ___/___/_____

Signature of the Previous Account Holder _____

Name of the New Account Holder _____ Date: ___/___/_____

Signature of New Account Holder _____

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