

## Voice Over IP

For Just **\$5** a month you can allow your company to make calls within Australia and to overseas destinations at super cheap rates.

### **Out bound Calls**

#### **Plan 1 - \$5/month/ Calls to**

- Australian landline \$0.02/min
- Australian Mobile \$0.30/min
- VOIP \$FREE

All pricing on this form is GST exclusive.

By submitting this order form you do so fully understanding and acknowledging our Terms and Conditions and our Privacy Policy (which is located on our website ([www.delacon.com.au](http://www.delacon.com.au))).

If you have any questions, Please phone us on 1300 990 999, or email us at [contact@delacon.com.au](mailto:contact@delacon.com.au)

### **Service Application for Pay As You Go - VOIP Service.**

Thank you for choosing Delacon Pty Limited (A.B.N. 42 074 596 553). All information provided by you is held in strict confidence by Delacon Pty Limited and is not used for any purpose other than the direct provision and support of Delacon Pty Limited and associated services.

#### **SECTION 1: CUSTOMER ACCOUNT DETAILS**

Do you have an existing Delacon Account?

- No (go to Section 2)       Yes. Account number: \_\_\_\_\_ (go to Section 3)

#### **SECTION 2: BUSINESS DETAILS**

Customer name	
Business Name	
ABN	
Full Address	
Phone number	
Email address	

11 GLEBE STREET  
EDGECLIFF NSW 2027

CONTACT@DELACON.COM.AU  
WWW.DELACON.COM.AU  
TEL 1300 990 999  
FAX + 61 2 9328 1369

### SECTION 3: SERVICE DETAILS

Please circle whichever is applicable, or enter the necessary information.

Item	Information	Detail
1	Please choose your pricing plan	(1)

### SECTION 4: PAYMENT DETAILS

I authorise Delacon to debit from my credit card account, the details of which are set out below: a) payment for the Receptionist usage that I have selected and at the price stated in this form. b) payment for any Delacon telephone Receptionist invoices which are more than 21 days overdue and about which I have not disputed by providing Delacon with written notification of the dispute. Note: The cardholder must be the applicant.

Circle one please:	<input type="radio"/> Visa / MasterCard
Credit Card Number	
Expiry date	
CCV Number (3 digits on back of credit card)	
Name on Card	
Cardholders Signature	

**FAX ALL PAGES TO: 02 93281369**