

# 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 \$59.00 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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