



# CHANGE OF ACCOUNT OWNERSHIP AUTHORITY

Please fill in and email back to [service@telair.com.au](mailto:service@telair.com.au) only once both parties have signed this form.

## CURRENT CUSTOMER DETAILS

Entity Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Account Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State & Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Account Number: \_\_\_\_\_

## NEW CUSTOMER DETAILS

Entity Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Account Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State & Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact D.O.B: \_\_\_\_\_

Customer Type:  New  Existing - Specify your current Telair Account Number: \_\_\_\_\_

## ADDITIONAL AUTHORISED CONTACTS

Contact 2 Name: \_\_\_\_\_ Contact 2 Phone: \_\_\_\_\_

Contact 2 Email: \_\_\_\_\_ Contact 2 D.O.B: \_\_\_\_\_

Contact 3 Name: \_\_\_\_\_ Contact 3 Phone: \_\_\_\_\_

Contact 3 Email: \_\_\_\_\_ Contact 3 D.O.B: \_\_\_\_\_

## SERVICES TO BE TRANSFERRED

<input type="checkbox"/> Transfer all services on the account	<input type="checkbox"/> Only transfer the below service(s)	Service Transfer Date: _____ <small>(DD/MM/YYYY)</small>
Service Type: _____ Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____ Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____ Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____ Service #: _____	Plan: _____	Term End Date: _____

Please use the space on the back of this page to list any additional service numbers if required.

## SERVICES TO BE DISCONNECTED

None  Only disconnect the below service(s)

Service Disconnection Date: \_\_\_\_\_  
(DD/MM/YYYY)

Service #(s): \_\_\_\_\_ Term End Date: \_\_\_\_\_

Please use the space on the back of this page to list any additional service numbers if required.

## AUTHORISATION

We, the undersigned, hereby: 1. Authorise the above service(s) to be transferred from the Current Customer to the New Customer on, or as close to, the aforementioned Service Transfer Date. 2. Agree that Telair will disconnect any service(s) as requested herein, on or as close to, the aforementioned Service Disconnection Date, or later, if any such date falls before the 30 days allowable for disconnections to take place. 3. Agree that the New Customer is liable for all costs and contracts related to the service(s) listed herein from the date Telair accepts this Change of Account Ownership Authority form, and that the request will not be accepted unless submitted with an accompanying New Customer Application Form. 4. Agree that submitting these documents does not automatically guarantee acceptance by Telair, and that ownership does not transfer until both the New Customer and this Change of Account Ownership form are formally accepted by Telair, who will notify both parties in writing of any such acceptance, and again on completion of the ownership transfer.

### Current Account Holder

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YYYY)

### New Account Holder

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YYYY)



# CHANGE OF ACCOUNT OWNERSHIP AUTHORITY

## ADDITIONAL SERVICES TO BE TRANSFERRED

Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
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Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____

## ADDITIONAL SERVICES TO BE DISCONNECTED

Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
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Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____
Service Type: _____	Service #: _____	Plan: _____	Term End Date: _____

## OTHER NOTES

### Current Account Holder

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

(DD/MM/YYYY)

### New Account Holder

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

(DD/MM/YYYY)