



- 1. **Must** be an Australian registered company, an Australian Citizen or have an International passport
- 2. **Must** complete this form completely
- 3. (Company) – **May be requested** - provide security deposit / bond of \$500 AUD (Non-Streaming) \$750 AUD (Streaming)  
(Company) - **Must** provide directors guarantees or / and company financials on request  
(Individual) – **Must** pay first months plan cost in advance via credit card & agree to automatic monthly billing via credit card
- 4. **Must** provide a copy of driver licence, passport or other photographic identification
- 5. Completing this application does not automatically guarantee account approval

**COMPANY (Please Print)**

LEGAL NAME

ABN  ACN

ADDRESS

SUBURB  STATE

POST CODE  MOBILE

PHONE (  ) FAX (  )

EMAIL

**COMPANY DIRECTOR (1) – (Please Print)**

FIRST NAME

SURNAME  D.O.B

DRIVER LIC No.  STATE

**COMPANY DIRECTOR (2) – (Please Print)**

FIRST NAME

SURNAME  D.O.B

DRIVER LIC No.  STATE

**COMPANY DIRECTOR (3) – (Please Print)**

FIRST NAME

SURNAME  D.O.B

DRIVER LIC No.  STATE



**CONTACT DETAILS (Complete all sections)**

**INDIVIDUAL**

FIRST NAME

SURNAME  D.O.B

DRIVER LIC No.  STATE

ADDRESS

SUBURB  STATE

POST CODE  MOBILE

PHONE (  )  FAX (  )

EMAIL

**AIRTIME SERVICES PROVIDED**

As attached Annexure "A" of this agreement.

**BILLING DETAILS (CHOOSE ONE METHOD ONLY)**

**CREDIT CARD METHOD**

SERVICE BILLING COMMENCEMENT DATE (Office Use Only)

CREDIT CARD NUMBER      VISA / MASTERCARD (No Fee)      AMEX (4% Fee Applies)

-     -     -

Expiry Date :   /        CVV :    AMEX

CARD HOLDERS NAME

SIGNATURE

**BANK ACCOUNT DIRECT DEBIT METHOD (FEE \$2.99 P/MTH)**

BANK

ACCOUNT No.       BSB

ACCOUNT NAME



**POSTPAID ACCOUNT  
Update Pay Method Form**

Australia Application Form  
Service Provider – MGL Telecoms (Aust) Pty Limited  
07-15

**BILLING CYCLE (PLEASE SEE WEBSITE FOR FULL FEES & CHARGES SCHEDULE)**

Billing cycle commences on the 1<sup>st</sup> of each month. From date of acceptance / approval billing is Pro Rata until the end of that month, and the cost of your selected plan, billed one (1) month in advance.

**BILLING**

The nominated credit cards/accounts are billed for plan due amounts and deducted on date of acceptance of the plan. You will then be billed each months plan cost + calls monthly, and receive a detailed invoice.

EMAIL  PAPER BILL (\$5.00 P/MTH)

**LATE - MISSED - DISHONOURED AUTOMATIC PAYMENTS**

Missed Automatic Payment (Insufficient funds in account, expired credit cards, credit cards listed as stolen) \$10 Ex GST

Late Payment (Failure to pay issued invoice within payment terms) \$10 Per Month + GST in the month that failure occurs

C/Card Clawback (Disputed credit card transactions, cancelled or stolen credit cards) \$35 Ex GST + 2% of sale

**PLAN CANCELLATION**

This contract cannot be suspended or terminated at will. MGLSAT reserves the right to charge a cancellation fee based on the following formula.

*Contract Remaining (months) x Monthly Plan Fee + Outstanding Call Charges + Cancellation Fee (\$59)*

30 Days Notice must be provided in written format to accounts@mglSAT.com, or post to:

MGLSAT - PO Box 2184 SPOTSWOOD VICTORIA 3015

**MONTHLY CALL CHARGES**

Any calls made during a calendar month will be billed at the end of the month and automatically debited from the nominated credit card/account attached to this application. You will be sent a Tax Invoice monthly to the address listed in this application.

I am duly authorised to act on behalf of the above and attached application and acknowledge the terms and conditions listed below and attached. I have also been made fully aware of the fees and charges applicable to this agreement.

Print Name

Signed

Dated