

Kilcoy Computer Services

ABN 50 646 866 778

27 Mary Street, Kilcoy QLD 4515

Telephone: 07 5497 2888 Mobile: 0438 927 964
Web: www.kcs.net.au Email: sales@kcs.net.au

ADSL Broadband Internet Services provided by:

CHIPS Internet

ABN 22 765 651 355

PO BOX 182, Woody Point QLD 4019

All Enquiries: 1300 730 943

Facsimile: 1300 732 702

Web: www.chips.net.au

Email: info@chips.net.au

ADSL Application Form

1. Your Contact Details

Name:

Phone Number:

Address:

Fax Number:

Work/Mobile:

Postcode:

Current Email Address:

2. Your Account Name and Password

ADSL Ph. Number:

In the case of an Internet account, the Login should be twelve characters or less, and should be letters or numbers only (no spaces). This will form part of your e-mail address, if you do not fill this in we will select one for you based on your name.

Login Name:

Password:

Referred by: _____

3. Your Account Details

Services Selected

Fee

Payment Method

ADSL Installation/Churn Fee

Direct Deposit/Internet Tfr

ADSL Modem + Freight (if applicable)

Cheque / Money Order

ADSL Plan Fee (Monthly in Advance)

Credit Card

Total Amount Payable

ANZ A/c Name: Kilcoy Computer Services
BSB: 014-619 A/c No.: 108 839 027

SUB TOTALS:

\$

4. Authorisation for Credit Card Transactions

I authorise KCS-CHIPS or their authorised agent to charge all fees incurred via my customer ID & Password, including renewal, to my designated credit card. I understand I may terminate this authority with 24 hours notice via post, fax or electronic mail and any outstanding fees fall due immediately and are payable prior to cancellation.

Card Number:

Security Code:
(Back of Card)

Card Type:

Name on Card:

Card Expiry Date:

5. Signature and Date

I hereby apply for the provision of an account from KCS-CHIPS. I agree to be bound by all terms & conditions set down by KCS-CHIPS relating to the account for which I am applying, and any modifications or rescissions to these terms & conditions that the management may make during the term of my account. I agree to the conditions of the credit card authorisation in Paragraph 4 above if completed. I assert that I am 18 years of age or older & that I can provide proof of age if required.

Full Terms & Conditions are available online at www.chips.net.au

Signature:

Date: / /

Office Use Only:

Date Received	SetUp	Accounts	# Paid	Info	Date Processed
___/___/___					___/___/___