# **New Client Business Application Form**



	Business Details
Customer Type	Company
	Sole Trader
	□ Trust
Company Name (if applicable)	
ABN	
Address	
Suburb	
Postcode	
Office Phone Number	
Website	
Appli	cant Details
Applicants Full Name	
Applicants Date of Birth	
Applicants Driver's License Number	
Applicants Mobile	
Applicants Email	
Αϲϲοι	unts Contact
Accounts Contact Full Name	
Accounts Email (bills will be emailed here)	
Account Contact Phone Number	

Services Applied For (prices monthly Ex GST)					
\$80 NBN 50 x(Qty)					
\$95 NBN 100(Qty)					
\$140 NBN 250(Qty)					
\$50 Inclusive SIP Lines (includes all calls within Australia) x (Qty)					
\$40 4G Failover SIM x(Qty)					
\$15 Website Hosting (Per website) x(Qty)					
\$49 Website maintenance (Per Website) x(Qty)					
\$50 IT Support MSA (Per PC) x(Qty)					
\$150 IT Support MSA (Per Server) x(Qty)					
\$40 Server Backup					

# Equipment (Once Off Ex GST)

	\$130 Standard NBN Router x(Qty)
	\$450 Cisco Enterprise NBN Router x(Qty)
	\$1950 Cisco Enterprise ISR with inbuilt 4G Failover capability(Qty)
	\$750 Cisco REFURB Router with inbuilt 4G Failover capability(Qty)
	\$200 Fanvil X5U x (Qty)
	\$250 Fanvil X6U x (Qty)
	\$320 Fanvil X210 x (Qty)
	\$280 Unifi Managed WiFi AP x(Qty)
	\$450 Cisco 8 Port PoE Gigabit Managed Switch x(Qty)
	\$750 Cisco – 24 Port Gigabit PoE Managed Switch x(Qty)
	\$1500 Cisco – 48 Port Gigabit PoE Managed Switch x(Qty)

#### PAYMENT/CREDIT CARD

### **AUTHORITY**

## PRE-AUTHORISATION ON DIRECT DEBIT OR CREDIT CARD PAYMENTS

I, (name of client) of	(company name) of
	(address)

in the State of Victoria postcode HEREBY AUTHORISE Screwloose IT of Unit 1, 19-23 Geddes St, Mulgrave in the State of Victoria 3170 to deduct payment from the following Credit Card/bank account on account of the recurring monthly costs for Telecommunications and/or IT Support and/or IT Hardware &/or other IT related Services

NAME ON CREDIT CARD:	 			
CREDIT CARD NO.:	 _/	/	/	
EXPIRY:	 			
THREE DIGIT SECURITY CODE (CCV):	 			
OR				
Account Name:	 			
BSB:				
Account Number:				
DATED:				
SIGNED:				
NAME OF CLIENT				

:





Screwloose IT

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