



# INBOUND SERVICES ADDS, MOVES AND CHANGES FORM

Send completed forms by **Email:** [TBSFreeCall1800SA@team.telstra.com](mailto:TBSFreeCall1800SA@team.telstra.com)

For further assistance please contact your Telstra Representative

**Company Name** is the legal entity under which the service will be registered. In this Application Form, references to "you", "I" or "us" refer to the Company.

**ACN / ABN** is Australian Company Number or Australian Business Number.

**Trading / Business Name** is not a legal entity but is the name under which your business trades.

**Contact Name** is the person representing the Customer for billing and contract administration.

## CUSTOMER DETAILS

Company Name \_\_\_\_\_  
 ACN or ABN \_\_\_\_\_  
 Registered Address \_\_\_\_\_  
 Trading / Business Name \_\_\_\_\_

## AUTHORISED CONTACT DETAILS

Contact Name: \_\_\_\_\_  
 Telephone No: (    ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Password: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
**Purchase Order Number**  
 (If Required): \_\_\_\_\_

## INBOUND SERVICE DETAILS

Please state the number of the Inbound Service you would like to modify:

1300 \_\_\_\_\_  
 1800 \_\_\_\_\_  
 13 \_\_\_\_\_

Please indicate how you would like to modify your Inbound Service or whether you would like to cancel your Inbound Service:

	Add	Change	Delete
Answer Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call Overflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call Splaying Percentages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time and day of week setting for an Answer Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Code Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calendar Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR

Cancel your Inbound Service

If you are modifying any of the features of your Inbound Service on the right, please provide further details of the changes you would like to make in the "Details of Service Change" section below.

If you are modifying the Network IVR, Network CTI and/or Speech Solutions features of your Inbound Service, please provide further details of the changes you would like to make in the "Details of Service Change" section below.

Please indicate whether you would like to modify the Network IVR, Network CTI and/or Speech Solutions features of your Inbound Service:

- Network IVR                       Network CTI                       Speech Solutions

For addition of SMS Manager, please insert the terminating service that will receive SMS to your Inbound Service e.g. Access Manager or Telstra Desktop Messaging. Please also include your Account Number or Billing Number for that service commencing with (04)

## DETAILS FOR SMS MANAGER

If applying for SMS Manager, please select terminating SMS product and number:

(Please Note: This service needs to be active prior to adding SMS Manager)

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Telstra Desktop Messaging    | Account Number:     |
|   | Mobile Number: (04) |
| <input type="checkbox"/> Telstra Integrated Messaging | Account Number:     |
|   | Mobile Number: (04) |
| <input type="checkbox"/> Access Manager               | Mobile Number: (04) |
| <input type="checkbox"/> Mobile Handset               | Mobile Number: (04) |

In Details of Service Changes, please include further details of the changes you would like to make to your Inbound Service. You can complete and attach sections of the "Inbound Services Application Form for Complex Services" to this form to explain the changes you would like made. Please attach additional pages to this form if you require more space.

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## DETAILS OF SERVICE CHANGES

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**Our Customer Terms** means the Standard Form of Agreement formulated by Telstra for the purposes of Part 23 of the Telecommunications Act 1997 (Cth), as amended from time to time in accordance with the Act.

You may view Our Customer Terms at <http://www.telstra.com.au/customerterms/> or obtain a copy from us.

**Privacy**  
Telstra's Privacy Statement is available at <http://www.telstra.com.au/privacy> or by calling us on 1800 039 059.

By signing this application form you warrant that you have the authority to make this application on behalf of the Customer named above.

## APPLICATION

I wish to apply for the Inbound Service changes described in this application form and acknowledge that (except following cancellation of the service) if my application is accepted it will be provided on the terms and conditions set out in this application form and Our Customer Terms. If there is an inconsistency between this application form and Our Customer Terms, this application form applies instead of Our Customer Terms to the extent of that inconsistency.

I acknowledge that I have either received, or have had the opportunity to review, a copy of Our Customer Terms.

### Privacy

You agree, and will ensure that any of your related bodies corporate which receive services connected with this application form and your representatives are aware, that Telstra may:

- (a) use and disclose information about you and each of them in accordance with Telstra's Privacy Statement; and
- (b) give to, seek and obtain from, a credit reporting agency, information (including personal and credit information) about you to assess your credit worthiness.

You agree that Telstra may send commercial electronic messages (including information about Telstra's products and services) to each of the electronic addresses for which you are the account holder, unless you tell us otherwise

**SIGNED** by me for and on behalf of the Customer as its authorised representative:

Signature	_____	Date	_____
Print Name	_____	Position	_____

This section will be completed by your Telstra Representative following receipt of your application

## TELSTRA USE ONLY

Maxim ID / Reference Number	_____
Telstra Sales Representative	Name: _____
	Ph: _____
Telstra Sales Representative ID	_____

This section will be completed by your Telstra Dealer following receipt of your application.

## DEALER DETAILS

Company Name	_____
Sales Representative	Name: _____
	Ph: _____
Dealer Code	_____
Rep ID	_____
Transaction Number	_____