

Bullet ISDN Application Form

A CONTACT DETAILS		
Full Name:		
Postal Address:		
Suburb:	State:	Postcode:
Daytime Phone:	Home Phone:	
Current Operating System:	Email Address:	

Preferred Username / Email Address
Please nominate 2 usernames and a password to use with your account. This will also be your email address when order is complete.

1st Pref _____ 2nd Pref _____ @bullet.net.au | Preferred Password _____

B PLAN SELECTION			
Cost	Setup Fee	Plan Description	Tick
\$32.95 Per 64K	\$0.00 Credit Card \$20.00 Cheque/Money Order	(Multiple-connections up to 512k) Unlimited Time / Unlimited Download, Free Technical Support 7 Days/Week, Up to 5 free email accounts, Each with 10MB storage space.	<input type="checkbox"/>

C PAYMENT DETAILS	
<input type="checkbox"/> I wish to pay by Cheque, Money Order or Electronic Funds Transfer A once off setup fee of \$20.00 applies to this plan if you select this payment method.	
<input type="checkbox"/> I wish to pay by Credit Card	
Standing Order of Authority to Debit Credit Card. I wish to use my credit card to pay for the above goods/services supplied to me by SIS Group. I hereby authorise SIS Group to debit my card account with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services, to alter the amount from the appropriate date in accordance with such changes. This authority shall stand, in respect in the above-specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify SIS Group in writing of its cancellation.	
Credit Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard <input type="checkbox"/> Visacard <input type="checkbox"/> Amex <input type="checkbox"/> Diners	
Credit Card Number: _____ - _____ - _____ - _____ CCV: _____ Expiry Date: _____ / _____	
Signature of account holder: _____ Date: _____	
I request access to SIS Group/Bullet Internet under the terms and conditions and network rules of such. I warrant that the information being provided is in all respects correct and true.	
Signature: _____ Position: _____ Date: _____ / _____ / _____	
The delegation of an account on SIS Group's network is subject to terms and conditions. Terms and conditions are subject to change without notice and may be requested via post, e-mail or read at the main web page http://www.bullet.net.au if in the case of not been listed overleaf. Changes to terms and conditions are updated on our website.	
Application Complete!	
ⓘ Please ensure you have entered the correct details before you proceed any further.	
Please fax a copy of this form to 1300 137 135, or mail the form to Post Office Box 2005, Rockdale Delivery Centre NSW 2216.	