

ABN 16 107 115 846

DATE -

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CONTACT DETAILS

Contact Name

Organisation Name

ABN

Physical Address No Street Suburb State Postcode

Postal Address

Phone Work Fax Mobile After Hours

Email Address (Billing/Account Information)

TRANSACT – BUSINESS PLANS

Maximum speed cannot exceed your provided TransACT link

Tick	Plan Name	Usage	Connection <small>(Setup fee)</small>	Access <small>(Monthly)</small>	Excess <small>(per MB)</small>
<input type="checkbox"/>	Right Lane – Lite	500 MB	\$20.00	\$25	\$0.10
<input type="checkbox"/>	Right Lane – 1.5	1,500 MB	\$20.00	\$35	\$0.10
<input type="checkbox"/>	Right Lane – 3	3,000 MB	\$20.00	\$45	\$0.10
<input type="checkbox"/>	Right Lane – 5	5,000 MB	\$20.00	\$85	\$0.10
<input type="checkbox"/>	Right Lane – 10	10,000 MB	\$20.00	\$135	\$0.10
<input type="checkbox"/>	Right Lane – 20	20,000 MB	\$20.00	\$255	\$0.10
<input type="checkbox"/>	Right Lane – 40	40,000 MB	\$20.00	\$445	\$0.10
<input type="checkbox"/>	Right Lane – 60	60,000 MB	\$20.00	\$595	\$0.10

BUSINESS PLANS INCLUDE

1. **Dedicated Static IP**
(Often required by Servers or VPN)
2. **Unlimited User Connections**
(Allowing multiple business sites to connect to same account)
3. **Backup E-mail Servers**
4. **Secondary DNS hosting**
5. **Priority Technical Support including after hour telephone support**

BUSINESS PLANS OPTIONAL EXTRAS

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Free Consultation by CBIT Engineer to assess Business IT requirements |
| <input type="checkbox"/> | 2. Spam and Virus Filtration |
| <input type="checkbox"/> | 3. VPN Solution |
| <input type="checkbox"/> | 4. Backup Solutions (Onsite and Offsite) |

Please tick on additional service and a CBIT consultant will contact you regarding your request.

PLEASE INITIAL HERE _____ AND COMPLETE PAGE 2



APPLICATION FOR INTERNET SERVICES (TRANSACT - BUSINESS)

PO Box 92
BELCONNEN ACT 2616
Tel: (02) 6162 1555
Fax: (02) 6162 1444
info@cbit.com.au

ABN 16 107 115 648

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CONNECTION DETAILS PREFERRED USERNAME & PASSWORD

Username: _____ @cbit.net.au Password: _____

Please choose either...

INVOICED ACCOUNT OPTION 1

I give permission for CBIT Pty Ltd to automatically debit my nominated Credit Card each month until further notice for:
The cost of the selected plan chosen; and the cost of any additional usage where applicable.

Card Holder Name: _____ Expiry Date: ____/____/____

SIGNATURE: _____ DATE: ____/____/____

... OR ...

INVOICED ACCOUNT OPTION 2

Please send an invoice for the cost of the selected plan and the cost of any additional usage to the email address specified above. **Connection cost and 3 months (of your selected plan) payment must be paid in advance.** Additional data usage (where applicable) will be invoiced separately.

By submission of this application I hereby agree that I understand and accept the "Terms and Conditions"
I have read and understand the details and conditions of the selected plan

Persons under the age of 18 need the consent of a parent, teacher or other adult before using this account. If the signatory is under the age of 18 they must have this permission before signing this form.

SIGNATURE: _____ DATE: ____/____/____

PLEASE COMPLETE AND FAX BACK TO 02 6162 1444