

Customer Application

<input type="checkbox"/> New Customer	eVoice Account No
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Customer Name	
Legal Name	
Company Office Number (or DOB if individual)	

Address Details

Postal Address

Physical Address (if different)

Previous Address (if less than 2 years)

Billing Details

Billing Contact Name		Position	
Phone		Fax	
Mobile		Email	For invoice delivery by email

Account Options

Payment Method	<input type="checkbox"/> DIRECT DEBIT	<input type="checkbox"/> Direct Credit	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque
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Additional Information

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Service Terms

I/We have read, understand and accept the Zintel Communications (t/a eVoice) terms and conditions attached. Terms are subject to variation on notice (current terms and conditions are available at nz.evoice.com). I/We authorise Spark New Zealand and any other carrier(s) to supply Zintel Communications (t/a eVoice) full details relating to all services in relation to my/our Account.

Customer

Name: <input style="width: 90%;" type="text"/>	Position: <input style="width: 90%;" type="text"/>
Signature: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

eVoice Office Use

Sales Consultant	<input style="width: 85%;" type="text"/>
Signature	<input style="width: 85%;" type="text"/>
Date	<input style="width: 85%;" type="text"/>

Finance Approval Stamp