Fax LNP Request Form

Single Number



Please complete, sign and return all pages to your FaxMate representative or auporting@mail.efax.com along with a recent invoice from your current service provider.

This agreement will initiate a port of your fax number from your existing service provider to FaxMate. By completing and signing the following request form you confirm that you have read, understand and accept the terms and conditions of this agreement.

IMPORTANT: Please complete ALL sections of the form and your recent invoice must show:

- The 'Bill to' name/company name
- The fax number we will be porting.

To ensure a quick and seamless transition of your fax number to FaxMate, it's important that your number is a stand alone line with no associated services

Customer Details		
1. Customer Name		
2. Preferred Contact Number		
Fax Number Details		
1. Fax Number To Be Ported ()		
2. Existing Service Provider		
3. Existing Service Provider Account Number Curren	nt fax number provider	
4. Do any of the following apply to your fax service	(Need help? Call 1300 626 329 to speak with one of ou	ur specialists)
a. ADSL/Phone Internet/phone services on the same lin	ne	□Yes □No
b. Line hunt links phone numbers together, so if the 1st is	engaged then the call bounces to the 2nd phone num	_{ber} Yes No
c. EFTPOS EFTPOS Payment machine		□Yes □No
d. Enhanced products Anything else attached to the t	fax line	□Yes □No
e. Securitel/Centel services will be listed as a descrip	otion on your current invoice	□Yes □No
5. Choose your plan Please select your preferred plans, vi	isit our <u>pricing page</u> for details	
6. Number to be ported is the main number of ISD	N30	□Yes □No
Customer Authorisation & Approval		
Authorised By (Name)	Signature	
Job Title/Position		
Business/Company Name	Date	
		

Please make sure a recent invoice from your current service provider is attached.

SUBMIT