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 Current for	nx number provider	
4. Do any of the following apply to your fax service (Ne	eed help? Call 1300 626 329 to speak with one of our sp	ecialists)
a. ADSL/Phone Internet/phone services on the same line]	YesNo
b. Line hunt links phone numbers together, so if the 1st is en	gaged then the call bounces to the 2nd phone number	YesNo
c. EFTPOS EFTPOS Payment machine		YesNo
d. Enhanced products Anything else attached to the fax	line [YesNo
e. Securitel/Centel services will be listed as a description	n on your current invoice	YesNo
5. Choose your plan Please select your preferred plans, visit	our <u>pricing page</u> for details	
6. Number to be ported is the main number of ISDN3	00	 YesNo
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.