



Technical Support: 1300 786 068

Sales: 13 19 60

Billing Department: 1300 855 006

Agent Authority Form

This form authorises the agent to act on behalf of the customer when contacting WestNet in relation to the customer's Internet accounts. It will provide all the powers that can be exercised by the customer, and can only be rescinded with written/faxed confirmation from the customer.

Customer Details

Complete details about the WestNet customer. If the WestNet customer is a business, a letter on a business letterhead requesting these changes should also be included.

First Name: _____ Surname: _____

Business Name (if applicable): _____ ABN: _____

Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Current Username: _____

Agent Details

Complete details about the Agent or Agents whom the customer is authorising to contact WestNet on their behalf. If authority is being given to any staff of a particular company, then write "Any Staff" in the "Authorised Person" section.

Authorised Person: _____ ☎ Contact Number: _____

Business Name (if applicable): _____ ABN: _____

Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Authority

I acknowledge that the person/people listed in the Agent Details section of this document will be authorised to act on my behalf when contacting WestNet in relation to my Internet account. I understand that they will still be required to verify details about my account, for example, my address, my Internet plan or my phone number. I will make these details available to the agent. Please fax form once completed to 1300 554 160.

Member Name: _____ Signature: _____ Date: _____