

Bullet Dialup Application Form

Section A – Contact Details

Full Name:		D.O.B: / /	
Postal Address:			
Suburb:		State:	Postcode:
Daytime Phone:		Mobile Phone:	
Current Email address: (Required)		Current Operating System:	

Section B – Preferred Username

1st Preference:	2nd Preference:	Password:
-----------------	-----------------	-----------

Section C – Plan Selection

Products	Speed	Included Traffic	Included Hours	Emails	Excess	Monthly Fee	Tick
Basic	56K	80Mb	Unlimited	1	15c/Mb	\$8.70	<input type="checkbox"/>
Light	56K	Unlimited	50	1	60c/Hr	\$8.95	<input type="checkbox"/>
Moderate	56K	Unlimited	Unlimited	1	-	\$14.95	<input type="checkbox"/>
Heavy	56K	Unlimited	Unlimited	5	-	\$17.95	<input type="checkbox"/>

Section D - Payment Options & Details

Credit Card Payment

Standing Order of Authority to Debit Credit Card. I wish to use my credit card to pay for the above goods/services supplied to me by SIS Group. I hereby authorise SIS Group to debit my card account with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services, to alter the amount from the appropriate date in accordance with such changes. This authority shall stand, in respect in the above-specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify SIS Group in writing of its cancellation.

Credit Card Type: Mastercard Visacard Bankcard

Credit Card Number: _____ - _____ - _____ - _____ CCV: _____ Expiry Date: ____/____/____

Signature of account holder: _____ Date: _____

I request access to SIS Group/Bullet Internet under the terms and conditions and network rules of such. I warrant that the information being provided is in all respects correct and true.

Signature: _____ Position: _____ Date: ____/____/____

The delegation of an account on SIS Group's network is subject to terms and conditions. Terms and conditions are subject to change without notice and may be requested via post, e-mail or read at the main web page <http://www.bullet.net.au> if in the case of not been listed overleaf. Changes to terms and conditions are updated on our website.

Application Complete!

ⓘ Please ensure any details you have entered are correct before you proceed any further.

Please fax a copy of this form to 1300 137 135, or mail the form to Post Office Box 2005, Rockdale Delivery Centre NSW 2216.

Once this form is received, you will be contacted with any progress updates to your service installation