CYLO UNLIMITED

Call Your Loved Ones

SUBSCIBER APPLICATION FORM (INDIVIDUAL ACCOUNT)

PLEASE FILL OUT ALL DETAILS USING A BLACK BALLPOINT PEN IN ORDER FOR THE APPLICATION TO BE APPROVED

*** ALL INFORMATION SHALL BE KEPT CONFIDENTIAL**

CUSTOMER DATA

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

HOUSE NAME / NUMBER _____

ADDRESS _____

ADDRESS _____

CITY _____

STATE _____

POSTCODE _____

COUNTRY _____

PHONE NO.: _____

E-MAIL ADDRESS _____

MOBILE NO.: _____

OCCUPATION _____

COMPANY NAME _____

PHONE NO.: _____

COMMENTS.: _____

_____

HOW DID YOU COME TO KNOW ABOUT CYLO UNLIMITED?

TICK ANY ONE	MEDIUM	DETAIL (Like TV / Radio channel, Magazine Name, Referrer's Name etc.)
☐	Reseller	
☐	TV Advertisement	
☐	Radio Advertisement	
☐	Press Advertisement	
☐	Existing User	
☐	Family / Friend	
☐	Roadshow / Exhibition	
☐	Poster / Billboard	
☐	Website / Email	

INSTALLATION ADDRESS

HOUSE NO. _____

BLDG NAME _____

STREET NAME _____

AREA _____

CITY _____

STATE _____ PIN _____

LANDMARK _____

CONTACT PERSON _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

CURRENT ISP IN INDIA _____

CYLO UNLIMITED RATE PLAN

MONTHLY SUBSCRIPTION (Unlimited Talk Time within CYLO Phone worldwide)	$19.90 / MONTH
ADDITIONAL ADD-ON ACCOUNT	$ 9.90 / MONTH
CYLO PHONE INSTRUMENT + INSTALLATION	$100 / ONE TIME

CALL CHARGES TO OTHER PHONE

LOCAL CALLS	8.9 cent / Call	CALLS TO MOBILE	24 cent / Min
NATIONAL CALLS	8.9 cent / Min	CALLS TO INDIA	9.9 cent / Min

For rates to other global destinations, please check www.cylounlimited.com.au

Authorization for Direct Debit

Please fill in the whole form and send it to:
CYLO UNLIMITED +61 (2) 9633 5844

I/We, _____

(INSERT ACCOUNT HOLDER/S NAME AS IT APPEARS ON CARD) HEREBY AUTHORISE ABLE TELECOM PTY LTD TRADING AS CYLO UNLIMITED TO DEBIT MY/OUR ACCOUNT:

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

ACCOUNT NAME: _____

BSS NUMBER: _____ ACCOUNT NUMBER _____

Declaration:
I/We authorize CYLO to periodically charge my/our bank account number provided by me/us, the subscriber/s, for all charges accrued during the applicable billing cycles for the duration of the term.

I have read all the Terms of Use provided at www.cylounlimited.com.au

By signing this Authorization for Direct Debit Charge I also acknowledge that I have read, understood and agree to be bound by all the Terms and Conditions mentioned at www.cylounlimited.com.au

FULL NAME: _____ _____

SIGNATURE: _____ _____

DATE: _____

SUBSCRIBER'S DECLARATION

_____ _____ _____

Customer's Name & Signature Date Place

CYLO Unlimited RESELLER'S CERTIFICATION AND INSTALLATION (to be filled by CYLO's reseller)

I have checked and verified the submitted application form and supporting documents to be in accordance with CYLO UNLIMITED system requirements.

_____ _____ _____

CYLO's Reseller's Name **Reseller's Code** **Reseller's Signature**

Unit 7, 104 Wigram Street, Harris Park, NSW 2150. Tel: +61 (2) 91515600 Fax: +61 (2) 96335844
Email:enquire@cylounlimited.com.au. Website: www.cylounlimited.com.au