



TRANSFER FORM

TRANSFERRING SERVICES			
Customer Name:		Mobile:	
FROM ADDRESS:		Date of Disconnection	
TO ADDRESS:		Date of Activation	
Router Ordered:			
SERVICES BEING TRANSFERRED:	Internet Plan		Phone Plan Phone No.
Transfer Fee:	\$55.00 <i>(Contract Term will continue at new location).</i>		

For Office Use Only				
UID		Username		Password
Sync Rate D/U				
DSLAM/Switch -Port				
ATA & Port				
EOC		MAC Address		
Router SN				
Contractor	Please obtain authorisation for head office for costs for any works additional to the job scope			
Contractor/FuzeNet to supply router:				

CUSTOMER AND INSTALLER ACKNOWLEDGEMENT			
Additional Charges Applicable (complete if additional work/costs are incurred)			
<input type="checkbox"/>	I accept additional charges for _____	\$ _____	
<input type="checkbox"/>	ZERO charges are to be applied		
Customer		Date	
Installer		Date	