

Termination of Aussielinx Services

Account Number:			
Address:	Suburb:		
State:	Postcode:		
I wish to terminate	my services with Aussielinx and my last day of	service would be	e://
Forwarding Addres	s:		
Forwarding Email	Address: ———————————————————————————————————		
Phone Number:			
Services to cancel:			
Phone:			
Internet:			
Reason for Termina	ation of Service/s:		
I agree to pay the fi	nal invoice sent to me. These charges will be p	ro-rated to refle	ct the cancellation date above.
Do you ag	ree to our terms and conditions?		
 a) We require a 3 b) For billing purp c) The cancellation on your behalf d) Should you fail 	t submit this form unless you agree to our terms to day notice for all cancellation requests. Sooses, the last day of service will be considered the 30th day on notice must be passed to us by the Aussielinx account hold from any third parties including another service provider. It to notify us of cancellation, we reserve the right to continue from the day of actual termination. We accept no liability for otice.	from the date that your der or an authority or eattempting to delive	our cancellation request was received. In the account. We do not accept notifications Er services and bill you for these services for
Note: Where another serv Regulated Customer Tran	vice provider informed you that you should not contact us for sfer Code	r cancellation purpos	es, that provider may be in breach of the
Name:			
Signature:			_
Date: _ /	_ / _		
OFFICE USE ONLY		OFFIC	E USE ONLY — Please complete
Received by:		Numb	er un-provisioned (Digital)
Signature:		Intern	et cancelled
Date:			