CUSTOMER ORDER FORM

3G EXECUTIVE HOME ZONE DEVICE



Applicant Information			
FIRST NAME:	SURNAME:		
COMPANY NAME:			
EMAIL:			
CORPORATE MOBILE SERVICE NUMBER:			
Home address where the 3G Executive I	Home Zone will be located		
STREET NUMBER: STREET N	NAME:		
SUBURB/TOWN:	STATE:	POSTCODE:	
Delivery address for the 3G Executive H	lome Zone [if different from home address]		
COMPANY NAME:			
DELIVERY ADDRESS:			
SUBURB/TOWN-	STATE:	POSTCODE:	
	I complete a coverage check as part of the list all Optus Mobile and Optus Mobile Broad		
1:	2:		
3:	4:		
5:	6:		
Check ALL problems experienced.			
\square Handset Low Signal If checked, how m	nany bars of coverage appear on your handse	et: Dropped C	
\square Garbled Speech \square Coverage Issues \square S	Slow Data Throughput 🗆 Optus Mobile Broadba	and Disconnections \Box Other, please spe	
Are the problems experienced affecting	g you? □ Inside your home □ Outside your	home	
Please list the models of the mobiles and	l/or Optus Mobile Broadband modems used. P	lease also list firmware/software versi	
MOBILE/BROADBAND MODEM MODEL	FIRMWARE/SOFTWARE	FIRMWARE/SOFTWARE VERSION	
E.g. Apple iPhone 4	4.2		
When did the faults start eccurring?	Last Month □ 1-3 months ago □ 3-6 mor	nths ago. □6-12 months ago	
Is the problems faced on? \Box 2G \Box 30	ŭ	iciia ago	
•	ed? If so can you please explain what has be	en nerformed?	
nac any disease consessing according	a. II do dan jou pidado explain what had be	on portormou.	
Applicant Authorisation			
	verage check at my above listed home address	•	
	ccept all terms and conditions listed below		
CICNATUDE.	n n	rc.	

COMPANY AUTHORISED CONTACT TO COMPLETE - SECTIONS 6 & 7

6	Company authorised contact information FIRST NAME: SURNAME:		
	EMAIL:		
	CONTACT PHONE NUMBER:		
	MOBILE HARDWARE ACCOUNT		
	This product is Free of Charge as of 1 March 2014		
7	Company Authorised Contact Authorisation This application must be submitted by an authorised person in the company to warrant that they are duly authorised to order hardware on behalf of their company.		
	I have read and accept all terms and conditions listed below. \square		
	complete all sections. ompleted the Company Authorised Contact need to sends the form to Optus.Business.Customer.Service@optus.com.au		
SIGNATU	JRE: DATE:		
	OPTUS USE ONLY		
	Coverage Check Pass: ☐ Coverage Check Fail: ☐ Optus 3G Executive Home Zone Device Order: ☐ SAP: 2099933		

PLEASE EMAIL THE COMPLETED FORM WITH RELEVANT ATTACHMENTS TO OPTUS.BUSINESS.CUSTOMER.SERVICE@OPTUS.COM.AU

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