

CQwireless Broadband Application Form

PO Box 435
Rockhampton QLD 4700

29 William St
ROCKHAMPTON QLD 4700
Phone: (07) 4927 9287
Fax: (07) 4927 3644
www.cqwireless.com.au
www.cqnet.com.au
accounts@cqnet.com.au



CQNet Pty Ltd ABN 64 095 446 414

1. Account Details

Are you an existing CQnet user? YES NO Existing Username: _____

Surname: _____ First Name: _____

D.O.B.: (compulsory) _____ Address: (compulsory) _____

Suburb: _____ State/Territory: _____ Postcode: _____

Home Ph: _____ Bus Ph: _____ Fax: _____ Mobile: _____

Company Name: (If Applicable) _____ ABN: _____

2. Select Data Plan (24 Month Subscription)

1GB 2GB 3GB 5GB

4. Username & E-mail Account

Username*: _____ @cqnet.com.au Password*: _____

***Username and password must include 1 digit and be at least eight (8) characters in length, but no more than fifteen (15) characters in total.**

I want a CQnet E-mail Address: YES NO I already have a CQnet Address

I would like all CQnet correspondence to go to my: CQnet address Other address (supply below)

Other Address: _____

5. Credit Card Details (compulsory)

To: CQnet Pty Ltd (ABN 64 095 446 414)
I / We authorise CQnet Pty Ltd to debit amounts owing on my / our account on a monthly basis for my / our internet subscription to CQnet.

Card Type: MasterCard Visa

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

Card Verification Code (CVC): _ _ _ (The last 3 digits on the reverse side of the card above the signature)

Name on Card: _____

Signature: _____

6. Client Agreement See Terms & Conditions for Details

I agree to the Terms & Conditions of Internet Access as provided by CQnet. I understand that it is my responsibility to ensure that wireless broadband coverage is available in my area and that CQnet is not liable if a wireless service cannot be supported in my area due to geographical and environmental factors. Once the CQnet system has been accessed, the User signifies their acceptance of these terms and conditions and is legally, ethically and morally bound to comply with these.

Signature: _____ Date: _ _ / _ _ / _ _

Office Use ONLY

ID Check <input type="checkbox"/>	Wigi Phone Number: _____	<table border="1"> <thead> <tr> <th colspan="2">CHARGES</th> </tr> </thead> <tbody> <tr> <td>Modem + SIM</td> <td>\$149.00</td> </tr> <tr> <td>Subscription</td> <td>_____</td> </tr> <tr> <td>Next Month</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> </tr> <tr> <td>TOTAL</td> <td>_____</td> </tr> </tbody> </table>	CHARGES		Modem + SIM	\$149.00	Subscription	_____	Next Month	_____	Other	_____	TOTAL	_____
CHARGES														
Modem + SIM	\$149.00													
Subscription	_____													
Next Month	_____													
Other	_____													
TOTAL	_____													
Wigi <input type="checkbox"/>	USIM #: _____													
Database <input type="checkbox"/>	IMEI #: _____													
Email <input type="checkbox"/>	COMMENTS: _____ _____													
Completed <input type="checkbox"/>														
Entered by: _____														
Checked by: _____														