

## CUSTOMER AUTHORISATION FORM

Need assistance in completing this form please call 0818 27 27 27 (calls charged at standard national rate)

### Step 1 (please include the contact information as per Eircom Bill)

**First Name\*** \_\_\_\_\_

Eircom Account Number

**Last Name\*** \_\_\_\_\_

8 digits

**Address \*** \_\_\_\_\_

**Phone Number to which the above option will apply**  
(please include the area code, e.g. 021)

**Call requirements** all calls (tick box)

Main Number \_\_\_\_\_

**E-Billing** (tick box)  **Email** \_\_\_\_\_

Line 2 \_\_\_\_\_

**Service Pack** (tick box): Bronze  Silver  Gold  EPP

**Total Number of phone lines in this order**

**Employee Phone Plan Code:**

I authorise eircom to activate the above choices on my behalf. I have read, understand and accept the terms & conditions The above order will override any previous call options on the call categories selected above.

**Free Call Plan** (tick box - optional):

(Free Local Calls all weekend - €9.99 per month incl Vat)

(Free National calls all weekend - €9.99 per month incl Vat)

(Free Local & National calls all weekend - €12.99 per month incl Vat)

(Free Local calls all Evenings - €9.99 per month incl Vat)

(Free National calls all Evenings - €9.99 per month incl Vat)

Signed \_\_\_\_\_

Print \_\_\_\_\_

**International Call Plan** (tick box:- optional)

(International Calls from 8c - €4.99 per month incl Vat)

Date \_\_\_\_\_

### Step 2 (Please complete the following Direct Debit Mandate or Credit/Debit Card Authorisation Form)

DIRECT DEBIT MANDATE		CREDIT CARD DETAILS	
Sort Code	<input type="text"/>	Originators ID Number	303 738
Name of Bank	<input type="text"/>		
Bank Address	<input type="text"/>		
A/C Name (S)	<input type="text"/>	Account Number	<input type="text"/>
Signature(s)	<input type="text"/>	Date	<input type="text"/>
Internal Ref: Office Use Only	<input type="text"/>		
<p><small>I/we instruct you to pay direct debits from my/our account at the request of Zefone Ltd. The amounts are variable and may be debited on various dates. I/we understand that Zefone Ltd. may change the amounts and date only after giving me/us prior notice. I/we shall inform the bank in writing if I/we wish to cancel this instruction. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.</small></p>		<p><b>No Set-up Charges</b> <b>No Contract Term</b> <b>Changeover to Zefone takes approx. 7-10 working days</b> <b>Electronic billing</b> <b>Maintenance of Lines will continue to be responsibility of eircom</b></p>	

Full Terms & Conditions available on sign-up page of website [www.Zefone.com](http://www.Zefone.com) or by request

**Step 3 (Please mail this completed form to)**

**Zefone Ltd.**

**Ballinrea Carrigaline**

**Co. Cork Ireland**

**Phone 0818 27 27 27** (Call's Charged at Standard National Rate)

**Phone +353 21 485 2790** (Mobiles & Outside Rep of Ireland)