

AUTHORITY TO TRANSFER ACCOUNT OR SERVICES TO GOFAX®

On completion of this form please scan and email to support@gofax.com.au or fax to 03 8888 9998.

Please use this form to change the ownership of your account and/or services within your GoFax account to a new account holder. Please complete the fields below and select options applicable.

Current GoFax Account Name			ABN:
Name of Director/s or Current Authorised Account Holder		Email Address:	
New Business Trading Name / GoFax Account Name (if applicable)			ABN:
Name of New Authorised Account Holder (if applicable)		Phone:	Fax:
New Email Address for New Authorised Account Holder (if applicable)		Email Address for Accounts	
Address (Location) (if applicable)			
	City:	State:	Post Code:

Please select from the relevant options below. GoFax Support will be in contact via email to confirm your request.

- We authorise for the complete transfer of the listed account above to the new Authorised Account Holder (if applicable)
- We authorise for the specified services/service numbers listed below to be transfer to the New Authorised Account Holder as above (if applicable)

Inbound Fax Number Services to be transferred	Email address/s for receiving faxes

GoFax® Authority to Transfer Account or Service Terms and Conditions
Last modified 25th March 2020.

Please ensure you read all terms and conditions before signing. I agree/understand that:

- All standard GoFax Terms and Conditions apply as per www.gofax.com.au/terms/
- On receipt of the completed transfer authority GoFax will aim to complete the transfer within 2 business days.
- A once-off administration fee of \$20.00 including GST will apply per 'Account Ownership Transfer' request and will be payable upfront by the new Account Holder.
- A once-off porting fee of \$10.00 including GST will apply per 'Fax Number Service' transfer request and will be payable upfront by the new Account Holder.
- For Fax Number Service transfers, in order to initiate this transfer request, we require the new 'obtaining' account to have an active registered account with GoFax.
- Any pro-rata or future service charges will be payable by the new Account Holder from the time of the service transfer and/or in the next billing period.
- The email address/s for inbound fax services will be applied to the service number as per the above table during the transfer.
- Where services in a bundle are nominated for transfer, all services within the bundle will move to the new Account Holder, unless a plan change is possible/requested.
- Billing for this service/s will cease from the date of service/account transfer. Annual Prepaid Plans will be entitled to pro-rata refund for those future remaining months.
- Where services can't be retained on the same plan due non availability/ legacy plans or the where the new Account Holder is not eligible, GoFax will advise of alternative plans available.
- For transfer of Inbound Fax Number services to a new account, the 'fax receive' history will be cleared/removed from the plan. Please take appropriate copies of the receive fax history prior to the transfer.
- I will remain liable for all debts incurred on the services listed above prior to the date of transfer.
- I have provided a copy of this agreement associated with all services/accounts included in this transfer request to the New Account Holder/Owner of services.
- Acceptance of this request by GoFax is subject to GoFax's ordinary credit approval process; I agree that I will not seek to recover any loss I have suffered or may suffer (either directly or indirectly) as a result of this transfer.
- I have read and understand all statements made in this application.
- You must be the Legal Account owner or Authorised Account holder, as listed on your GoFax account, to sign and approve this change of ownership or transfer services.

As the Director, Legal Lessee or a listed Authorised Representative of the releasing Customer, I am requesting that the legal responsibility of the service/s listed above be transferred to the incoming/new Account Holder whose details are included in this form.

Director/Secretary/Account Holder

Signed: _____

Full Name: _____

Title: _____

Date: _____

Witness

Signed: _____

Full Name: _____

Title: _____

Date: _____