CHANGE OF ACCOUNT OWNERSHIP AUTHORITY



Please complete the below change of ownership authority form and email back to admin@powernetworx.com.au

CURRENT CUSTOMER	RINFORMATION				
Customer Name:					
Account No.		Company Nam	Company Name:		
Contact Phone:		Contact Mobile	Contact Mobile:		
No. & Street:		ABN (Business	ABN (Business)		
Suburb/City:		State:	Postcoo	de:	
NEW CUSTOMER INF	ORMATION				
Customer Name:					
Account No.		Company Nam	Company Name:		
Contact Phone:		Contact Mobile	Contact Mobile:		
ABN (Business)		D.O.B (Resider	D.O.B (Residential)		
No. & Street:					
Suburb/City:		State:	Postcoo	de:	
Email Address for Invoices					
CEDVICES TO BE TRA	NCEEDBED				
SERVICES TO BE TRA	INSFERRED				
Service					
Number(s):					
No. & Street:					
Suburb/City:		State:	Postcoo	de:	
Plan Details:		Contract End [Contract End Date:		
ADDITIONAL INFORM	MATION				
AUTHORISATION					
I hereby authorise the abo	ve service(s) to be tra	nsferred to the abov	ementioned par	ty.	
Name 1:	Sign:		Date:		
(Current Account Holde	er)			(DD/MM/YY)	
Name 2:	Sign:		Date:		
(New Account Holder)					
				(DD/MM/YY)	

As the new account holder, I understand that I am liable for all costs from this date onwards