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ABN 81 099 917 398

AUTHORISED REPRESENTATIVE - DISCLOSURE AUTHORISATION

Account Name:

Account Number:

Service Number(s):

I hereby authorise (Full Name)

disclosure and access to the above Pivotel account. This includes but is not limited to the following:

- Account & billing information
- Changing address or contact details
- Suspension or disconnection of service(s)
- Change of call plan(s) & commitment to contract extensions

This authorisation ends: (tick which option is applicable)

- On _____ of _____, 20 _____
- Until written notice is given to Pivotel that this authorisation has ceased.

Signed: _____ Date: _____

Please complete and sign this form and email to: mail@pivotel.com.au

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