Telecom	Temporary Telephone Connection Application PLEASE FAX TO TELECOM 0800 800 126	***Attention:***

Please complete the details below. (Please Print).

Company Name: Show Name: Auckland Home Show 2010	Main / Billing Phone Number
Address for Service - Floor, Building name, Street Address, Stand Number: Postal Address:	Customer Fax Number: Date:
Authority Name:	Authority Signature:
Position	On-site Ph No: / Customer Order No:
On-site Contact Name:	Preferred Completion Date: Preferred Relinquishment Date:

SERVICES REQUIRED

(Please tick all boxes and add details)

☐ New temp lines	☐ Customer to return phone	☐ Desk telephone	☐ Group Hunting
☐ Toll bars	☐ New system lines	☐ Cancel phone lines	☐ Wall telephone
☐ Telecom pickup of phone		☐ Other	

Reference to appear on bill:

please provide details: Number of lines required: ☐

Should you have any queries please contact: Telecom Connection Clerk

Our Phone No: **126**

FOR TELECOM USE

Telecom Provisioning Date:	Telecom Reference No: **S O**	Cost (GST Excl.):**$**