



# World- Link

World- Link House  
79A Talbot Street, Dublin 1  
Ph: 01 855 2560  
Fax: 01 836 6082  
www.worldlink.ie

## Customer Authorisation Form Residential Account

**OFFICE USE ONLY**

|    |               |           |        |                   |           |
|----|---------------|-----------|--------|-------------------|-----------|
| RS | DateRX<br>/ / | WL A/C No | XC Ref | CPS Active<br>/ / | Cust Not. |
|----|---------------|-----------|--------|-------------------|-----------|

ResCAF V1.0

PLEASE FILL OUT SECTIONS **A AND B** IN FULL. PLEASE FILL OUT EITHER SECTION **C OR D**.

|                                 |   |                             |   |  |  |  |  |  |  |  |  |  |
|---------------------------------|---|-----------------------------|---|--|--|--|--|--|--|--|--|--|
| <b>A</b><br><br>Your<br>Details | <b>Name</b> _____   | <b>Contact Phone</b> _____  |   |  |  |  |  |  |  |  |  |  |
|                                 | <b>Address</b> _____<br>_____<br>_____  | <b>Email address*</b> _____ |   |  |  |  |  |  |  |  |  |  |
|                                 | <b>Mobile*</b> <table border="1" style="display: inline-table;"><tr><td>0</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | 0                           | 8 |  |  |  |  |  |  |  |  | <input type="checkbox"/> I wish to receive my itemised bill by email* each month (FREE)<br><input type="checkbox"/> I would like my monthly bill posted out to me each month (€1.21 per month)<br><input type="checkbox"/> I wish to receive text (SMS) updates to my mobile* (FREE)<br>(*see overleaf for information on privacy) |
|                                 | 0   | 8                           |   |  |  |  |  |  |  |  |  |  |

|  |   |  |  |  |  |  |  |  |  |  |  |   |
|--|---|--|--|--|--|--|--|--|--|--|--|---|
| <b>B</b><br><br>Your<br>Phone<br>Details | <b>Eircom Account No.:</b> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  | I authorise Eircom to activate this preferred carrier on my account. This order will override any previous call options on this Eircom account. I am authorised to act on behalf of the household in this matter. |
|  |   |  |  |  |  |  |  |  |  |  |  |   |
|  | <b>Phone Numbers:</b> <b>1</b> _____<br>(include area code)   |  |  |  |  |  |  |  |  |  |  |   |
|  | <b>2</b> _____  |  |  |  |  |  |  |  |  |  |  |   |
|  | <b>3</b> _____  |  |  |  |  |  |  |  |  |  |  |   |
| <b>4</b> _____                           |   |  |  |  |  |  |  |  |  |  |  |   |
|  | <b>Signature:</b> _____   |  |  |  |  |  |  |  |  |  |  |   |
|  | <b>Date:</b> _____  |  |  |  |  |  |  |  |  |  |  |   |

|  |                  |   |                                     |                                |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |
|--|------------------|---|-------------------------------------|--------------------------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|---|--|--|--|--|
| <b>C</b><br><br>Credit Card<br>/Laser Card | <b>Card Type</b> | VISA <input type="checkbox"/>   | MasterCard <input type="checkbox"/> | Laser <input type="checkbox"/> |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |
|  | <b>Card No.</b>  | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |                                     |                                |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>Expiry</b> | <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table> / <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table> |  |  |  |  |
|  |                  |   |                                     |                                |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |
|  |                  |   |                                     |                                |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |
|  |                  |   |                                     |                                |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |
| <b>Cardholder Name</b>                     | _____            |   |                                     | <b>Signature</b>               | _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |

|   |  |   |   |   |   |   |                         |   |  |  |
|---|--|---|---|---|---|---|-------------------------|---|--|--|
| <b>D</b><br><br>Direct<br>Debit   | <b>Originator ID:</b> <table border="1" style="display: inline-table;"><tr><td>3</td><td>0</td><td>1</td><td>2</td><td>1</td><td>7</td></tr></table> | 3 | 0 | 1 | 2 | 1 | 7                       | I instruct you to pay Direct Debits from my account at the request of SM Communications. The amounts are variable and may be debited on various dates. I will inform the bank in writing should I wish to cancel this instruction. I understand that if a Direct Debit is paid which breaks the terms of this instruction, the bank will make a refund. |  |  |
|   | 3  | 0 | 1 | 2 | 1 | 7 |                         |   |  |  |
|   | Name of Bank: _____  |   |   |   |   |   |                         |   |  |  |
|   | Branch Name: _____   |   |   |   |   |   |                         |   |  |  |
|   | Branch Address: _____  |   |   |   |   |   |                         |   |  |  |
|   | Account Holder Name: _____   |   |   |   |   |   |                         |   |  |  |
| <b>A/C No:</b> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |   |   |   |   |   |                         |   |  |  |
|   |  |   |   |   |   |   |                         |   |  |  |
| <b>Sort Code:</b> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>                                  |  |   |   |   |   |   | <b>Signature:</b> _____ |   |  |  |
|   |  |   |   |   |   |   |                         |   |  |  |

## FILLING IN THIS FORM

**Contact Phone:** This is a number at which we can reach you, during office hours, if we have any queries relating to your authorisation form, or your subsequent World-Link account.

**\*Email Address:** Your email address will provide us with the fastest way of sending you your bill, or updating you on service or rate changes. It will not be given to anyone, or used for any purpose unrelated to your account with us.

**\*Mobile Number:** Your mobile number will allow us to contact you via text message, to notify you of any relevant changes to the service or update to rates (there is no charge for this service). It will not be given to anyone, or used for any purpose unrelated to your account with us.

**Eircom Account Number:** This is the account number which appears on your Eircom bill. It is essential that we get the correct account number from you, and that it corresponds to the phone number(s) given beneath it.

## THE COMPLETED FORM

The completed form should be returned to us. If you opt to pay monthly by Credit Card, you can fax the signed form to us on **01 836 6082**. If you decide to pay by Direct Debit, you will need to post the original form to us at our FREEPOST address (no stamp required):

**World-Link CPS, World-Link House, 79A Talbot Street, FREEPOST F3996, Dublin 1.**

## WHAT IS CPS?

CPS (Carrier Pre-Select) allows you, the customer, to select the provider you wish to use for your telephone calls. You can use one provider for your telephone line rental, and a different one for your telephone calls. By filling out and signing this form, you are authorising us to handle your telephone calls, thereby availing of our highly competitive rates.

- You do not have to change your phone number.
- Your phone service will not be interrupted during the changeover.
- You do not need to change any of your existing equipment.
- You will continue to receive your monthly or bi-monthly bill from Eircom, for the line rental, but NOT for actual calls made. Calls will appear instead on your World-Link bill, which will be emailed or posted to you monthly.
- With World-Link, there are no setup fees, minimum call fees, connection charges, or minimum monthly spend. Billing is per second. You not entering into a fixed-length contract, and can close your account with us whenever you choose.

## YOUR EXISTING SUPPLIER

When you change provider, in this case to World-Link, your existing supplier cannot contact you directly in relation to your voice calls for a period of 3 months. [www.comreg.ie](http://www.comreg.ie) contains more information regarding CPS.

## ADDITIONAL INFORMATION

Please note that it will take approx. 7 working days, from receipt of this form, for us to switch your phone over to use World-Link. During that period, any calls you make will still be routed through your existing carrier (eircom etc). Once this service has been set up for your phone line, you will STILL receive a bill from your existing carrier for your monthly line rental. Please contact our office if this is unclear.

## LINE MAINTENANCE

Your line remains the responsibility of your line provider to whom you pay monthly rental. Any faults with the line must be handled by this provider, most likely Eircom.

ALL INFORMATION GIVEN ABOVE IS ACCURATE AS OF APRIL 2<sup>nd</sup> 2005. WORLDLINK RESERVES THE RIGHT TO MAKE CHANGES TO THE SERVICE, FEES, CHARGES ETC. AS NECESSARY, GIVING A MINIMUM OF 7 DAYS NOTICE TO ITS CUSTOMERS OF ANY SUCH CHANGE.