



Industry Number Management Services Ltd [ABN 35 080 344 190]

Subscriber Application Form

SUBSCRIBER DETAILS

Company Name: _____	
ABN: _____	ACN: _____
Registered Business Name: _____	
Registered Office Address: _____	
Principal Trading Address: _____	
Contact Person	
Name: _____	Position: _____
ph: _____	fax: _____
email: _____	

INTERACTION WITH INMS

Please select the method of interaction you require with INMS:
<input type="checkbox"/> XML Interface
<input type="checkbox"/> Web Browser Interface

INMS SERVICES

INMS provides a number of services (fees apply – please refer to pricing schedule).

Please tick the INMS services you require:

- Porting (non-delegated services)
- Proxy access to ZOAK system for number allocation
- LASD advice service
- Mirror Database advice service
- FTP service access (free with LASD or Mirror advice service)
- Look Only service access (free with LASD or Mirror advice service)

ACKNOWLEDGEMENT AND AUTHORITY TO SUBSCRIBE

I hereby certify that I have authority to apply for subscription to the INMS system on behalf of the abovementioned corporation:	
Name: _____	Position: _____
Signature: _____	Date: _____

Once completed, please scan and email this form to: info@inms.com.au

Warning – INMS subscribers should be aware of the need to enter into bilateral arrangements with carriers for network provisioning and call routing.