

SMILE PLAN APPLICATION FORM

1. APPLICANT DETAILS

Full Name: _____

Date of Birth: **DD / MM / YY** Gender: Female Male Phone No: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Personal Email Address (required): _____

2. PLAN TYPE

<p>1 Year Plan</p> <p><input type="checkbox"/> Family (\$97.00)</p> <p><input type="checkbox"/> Couple (\$87.00)</p> <p><input type="checkbox"/> Single Parent (\$87.00)</p> <p><input type="checkbox"/> Single (\$77.00)</p>	<p>2 Year Plan (40% discount on 2nd year)</p> <p><input type="checkbox"/> Family (\$155.20)</p> <p><input type="checkbox"/> Couple (\$139.20)</p> <p><input type="checkbox"/> Single Parent (\$139.20)</p> <p><input type="checkbox"/> Single (\$123.20)</p>
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3. SPOUSE/PARTNER INFORMATION

Full Name: _____

Date of Birth: **DD / MM / YY** Phone No: _____

4. DEPENDENTS

Full Name: _____	Date of Birth: DD / MM / YY
Full Name: _____	Date of Birth: DD / MM / YY
Full Name: _____	Date of Birth: DD / MM / YY
Full Name: _____	Date of Birth: DD / MM / YY
Full Name: _____	Date of Birth: DD / MM / YY
Full Name: _____	Date of Birth: DD / MM / YY

5. PAYMENT/AGREEMENT

Please Select Visa MasterCard

Card Number

Expiry / CV/CSV/CVN/CCV ____ ____ ____

Payment by **Visa** or **MasterCard** only. The **Visa** or **MasterCard** details provided will be used by Smile when your plan is commencing a new billing cycle. **Please update your Visa or MasterCard** details if expired, replaced or reported lost/stolen. You must contact Smile 14 days prior to the commencement of the new billing cycle if you wish to cancel your plan. The plan commences on the date of payment and does not cease until notified in writing by the primary member. To effectively cancel a plan, the primary member must complete and return a Cancellation Form. By signing this form you acknowledge that you have read, understood and agreed to the Terms of Use outlined at <http://www.smile.com.au/tou>.

Signature of Applicant: _____ Date: ____/____/____

Email to member@smile.com.au
Fax to 07 3319 0965
Post to Member Services, Smile
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