



Financial Hardship Application Form

Client Account Details

Account Number		Account Name	
Street Address			
State		Postcode	
Authorised Account Holder		Signature	

Service ID	Monthly Amount	Site Address	Service Type	Suspension Date		Carrier	Desired Outcome
				Start	End		

What is your reason for financial hardship?

Agreement & Understanding

- You agree that this is a request for a leniency of financial hardship it is not a guarantee.
- Often, we are limited to what the carriers will allow & a pause of spend is often not accepted by the carriers.
- If a carrier does allow a pause or a 50% adjustment of the monthly cost for a small period, this means that zero traffic is allowed on any data or voice services.
It is advised you unplug these services from potential traffic, otherwise they will reject an financial hardship regardless of the minimal traffic.
- iPacific as a business outside of the carrier's financial hardship decision, may make their own financial hardship leniency decisions which is to be determined on a case by case basis but not at a financial loss to our wholesale charges.

Name Of Previous Account Holder		Date	
Signature of Previous Account Holder		Date	