



FINANCIAL HARDSHIP APPLICATION FORM

| | |
|--------------------------|--|
| Name | |
| Account Number | |
| Best Contact Number | |
| | |
| Email | |
| | |
| Employment status | |
| | |
| Installment Plan request | |
| Weekly | |
| Fortnightly | |
| Commencement Date | |
| Completion Date | |
| Total amount payable | |
| Installment amount | |
| | |
| NBN/Mobile Plan | |
| Downgrade Plan to | |
| | |
| Signature | |
| Date | |

Please complete the Financial Hardship Application form or submit a brief statement explaining your situation and include the supporting documentation listed above and send it to:

creditcontrol@flipconnect.com.au

Flip will base this information to assess your circumstances and your eligibility for financial hardship.