

Your name	
Alltel account number	
You are	
Invoice/statement details your application relates to	Our customer / Authorised representative of our customer
Details of financial hardship	
Do you have an existing financial hardship with Alltel?	Yes / No
If "Yes", please provide details	
Your contact number	
Your contact postal address	
Your contact email address	
I wish to make an application for a financial hardship arrangement with Alltel. Please contact me about this matter	
Your signature	
Date	

- i Note that only an Alltel customer, or their authorised representative, may submit this application.
- ii Must be in name of same person as above, unless person above is their authorised representative.
- iii Delete whichever inapplicable.
- iv Clearly identify each invoice that presents payment difficulties including following as applicable: name of invoiced party, date, invoice number, amount, service type.
- v Refer to [1800 Numbers Australia Financial Hardship Policy](#) for information on qualifying circumstances.
- vi Delete whichever inapplicable.
- vii Including date of arrangement if known