

Salestronics Internet Services

APPLICATION FORM FOR Master Business Domain Hosting

Fax no: 086 609 8744 Telephone no: 082 509 8743 Postal Address: P.O. Box 28381, Bothasig, 7406

PLEASE COMPLETE ALL FIELDS

Title	Surname	Account Number (if exists)
<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	Initials	Date required (dd/mm/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number/ Company Registration Number	Company name (or Private)	
<input type="text"/>	<input type="text"/>	
Postal Address	Street Address	
<input type="text"/>	<input type="text"/>	
Postal Code	Postal Code	
<input type="text"/>	<input type="text"/>	
Current email address for correspondence	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Telkom landline number including area code	Cellphone number	
<input type="text"/>	<input type="text"/>	

Domain name to be hosted @ 25Gig Disk Storage

1000 Email logins permitted
1.
2.
send rest of list separately

DEBIT ORDER (DELETE WHERE APPLICABLE)

I, _____ (full name) authorise Salestronics to debit my bank account with the amount of R 439.00 per month from _____ / 02 / _____ (dd/mm/yy) for services rendered until further notification.

Name of financial institution	Branch number
<input type="text"/>	<input type="text"/>
Type of financial account	
<input type="checkbox"/> Cheque <input type="checkbox"/> Savings	
Account number	
<input type="text"/>	

Signature

Date

Salestronics Internet Services: TERMS AND CONDITIONS

- Salestronics permits authorised users unlimited interactive online access to its system. Idle Time and use of system resources not directly related to interactive online access (including, but not limited to, use of disk space and CPU time) may be restricted or may incur additional charges.
- The subscriber shall be liable for all of their own hardware, telecommunication and other costs for connection to a Salestronics point of presence.
- Salestronics will not be liable to the Subscriber nor to any associated party for damages, incidental or consequential, of any nature whatsoever.
- The Subscriber shall not, without the express written permission of Salestronics, resell or make available to any third party such services as they might receive from Salestronics.
- The Subscriber must pay Salestronics in advance for the selected service option, of which payment must reach Salestronics prior to the account expiry date. Salestronics reserves the right to withhold access for overdue accounts, while the Subscriber shall continue to be liable for the service until the notice of conditions have been fulfilled.
- Only the registered user is authorised to use the account and written notice of no less than 20 ordinary working days is required to terminate the service.

ADDENDUM TO APPLICATION FORM

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement").

I / We hereby authorise you to issue and deliver payment instructions to my / our bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

I / We acknowledge that the individual payment instructions so authorised on the previous page will be issued and delivered on the second ordinary working day ("payment day") of each and every month commencing on the indicated on the previous page.

In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day on or after the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account or request alternative EFT payment to bring the account up to date.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above mentioned bank as if the instructions had been issued by me / us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement i.e. I / we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

ABBREVIATED NAME

I / We acknowledge that the abbreviated name "SALESTRONI" will display on my / our bank statements when debit payments gets collected via the debit order service in use by Salestronics.

Signed at _____ on this _____ day of _____ 20____

SIGNATURE AS USED FOR SIGNING CHEQUES / DEBIT CARDS

FOR OFFICE USE:

This Agreement reference number is: _____