



APPLICATION FORM FOR Domain Registration
Email completed form to: signups@salestronics.capetown

PLEASE COMPLETE ALL FIELDS

Form fields for personal and company details: Title, Surname, Customer VAT Number, First name, Initials, Date required, Identity Number/ Company Registration Number, Company name, Postal Address, Street Address, Postal Code.

Current email address for correspondence

Telkom/VOIP phone number including area code, Cellphone number

Name of the domain to be registered with TLD options: .net

DEBIT ORDER (DELETE WHERE APPLICABLE)

I, _____ (full name) authorise Salestronics to debit my bank account with the amount of R 319.00 on registration or on ____/____/____ (dd/mm/yy) Annually the amount of R 319.00 may also be deducted with this debit until further notification.

Name of financial institution, Branch number

Type of financial account: Cheque, Savings

Account number

Signature

Date

TERMS AND CONDITIONS

- 1. Salestronics will not refund or credit the domain name registration fee... 2. The payment for a domain name registration are non-refundable... 3. If the Customer were found to have registered or be making use of a domain name... 4. Salestronics permits authorised users unlimited interactive online access... 5. The Customer shall be liable for all of their own hardware... 6. The Customer shall not, without the express written permission... 7. The Customer must pay Salestronics in advance... 8. The Customer shall continue to be liable for the service... 9. Only the registered user is authorised to use the account...

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: _____