

CUSTOMER APPLICATION

Please include the following documentation with your fully completed and signed application:



Copy of SA ID or Passport



Proof of Residential Address
(Telkom/Municipal account)

Section A - Particulars of Applicant			
Company Name		Company registration no	
Contact Person		ID/Passport no	
Telephone no	-	VAT No	
Cellular no		Fax no	-
E-mail address			
Postal Address		Street/ Installation Address	

Would you like to receive an electronic copy of your Monthly Invoices?

Yes



Section B - Payment Details

Payment Method Direct Debit (i) Credit Card (ii) Annual Payment (iii)

- Unpaid Accounts will incur interest and will be handed over for collection if overdue for longer than 90 days.
- Direct Debit accounts are payable in advance
- An administration fee of R 50.00 will be charged on returned debit order or credit card transactions

i - Direct Debit Details

Account Type	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Account No	
Bank Name			Branch Name		Branch Code	

ii - Credit Card Details

Credit Card Type	VISA	<input type="checkbox"/>	Master Card	<input type="checkbox"/>	Expiry Date:	/
Credit Card no:				CVV No:		

iii - Annual Payment

- Accounts paid annually in advance will be invoiced at a **discounted rate** on selected services (rate to be established on request & annually reviewed).
- Payment can be made by cheque, cash or direct transfer in favor of:
Max Internet Technologies CC, First National Bank, Hermanus Branch (200412), Account no: 62004149523
- The customer will receive an annual invoice, one month before the service expires and should confirm payment via email: admin@maxitec.co.za before the expiry date, to ensure continuation of service.

Section C – Acceptance of Terms

- I agree to be bound by Maxitec's standard terms and conditions and any product specific terms and conditions which may be relevant to products or services that I request. I know that these documents are available on www.maxitec.co.za and may be updated from time to time.

AUTHORISED SIGNATURE		PRINT NAME:	
		DATE:	

PRODUCT REQUEST: FIBRE CONNECTIVITY AND DATA PRODUCTS

Requirements / Instructions

REQUESTED FOR:	Full Name & Surname or Company Name	CONTACT NO:	-
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Please state your requirements and note any additional instructions:

<input type="checkbox"/>	NEW INSTALLATION	Includes - Installation, Router and First 30min Callout	R 1600.00
<input type="checkbox"/>	MIGRATION	Includes - Migration Fee and First 30min Callout	R 1050.00

Product Selection & Costs

Please indicate which products should be provisioned and enter the summary of costs below:

Select Products	Product Description	Product Code	Cost (Including VAT)	Customer Initial
<input type="checkbox"/>	UNCAPPED FIBRE COMBO	25M/10M UNCAPPED FIBRE COMBO	FIBRE-OPS-025M-10M-COMBO	R 659.00 /month
<input type="checkbox"/>		25M/25M UNCAPPED FIBRE COMBO	FIBRE-OPS-050M-COMBO	R 769.00 /month
<input type="checkbox"/>		50M/25M UNCAPPED FIBRE COMBO	FIBRE-OPS-050M-COMBO	R 989.00 /month
<input type="checkbox"/>		100M/50M UNCAPPED FIBRE COMBO	FIBRE-OPS-100M-COMBO	R 1209.00 /month
<input type="checkbox"/>		200M/100M UNCAPPED FIBRE COMBO	FIBRE-OPS-200M-COMBO	R 1539.00 /month

MONTHLY COSTS	R
ANNUAL COSTS	R

Declaration

- I confirm the selected product(s) are my own choice and are relevant to my needs.
- I confirm that I am authorized to subscribe to the required internet service/s and hereby authorize MAXITEC to recover payment for such services as per the details provided on my Customer Application Form.
- I confirm that there is a cancellation notice period of 60 (sixty) days when cancelling above services and an early cancellation fee will be charged if cancelled within the first 6 (six) Months.
- No Downgrades of service can be done within the first 6 (six) Months
- I am aware that MAXITEC reserves the right to escalate the above subscription rate, provided I'm given at least 60 days' notice by means of e-mail or by a notice placed in a prominent place on their website: <http://www.maxitec.co.za>.

AUTHORISED BY:	Full name of authorised representative	AUTHORISED SIGNATURE
DATE:		

Office Use:

Referral Code:		Consultant Name:		Consultant Signature	
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