



APPLICATION FORM

Kindly complete the form and return to us via fax on 086 682 5204.

Account and Contact Details	
Company:	
Contact Person:	
ID No or Company Reg:	
Company Vat No:	
Postal Address:	
Physical Address:	
Email:	Fax Number:
Business Phone Number:	Cell Phone Number:

SIGNED & ACCEPTED BY _____, DATED at this
..... day of

AS WITNESSES –

1. _____
2. _____

FULL NAMES AND SIGNATURE OF DULY AUTHORISED PERSON WHO WARRANTS SUCH AUTHORISATION BY SIGNING THIS DOCUMENT.

NOTICE TO ALL DEBTORS

1. **All accounts are strictly 30 days from date of statement.**
2. A statement will accompany your monthly invoice.
3. Interest will be charged to accounts in excess of 30 days at 24% interest per annum.
4. We have linked our accounts system to our services on an automated system. Any accounts not settled within 60 days will be suspended automatically.
5. If your services are suspended, a reconnection fee of R250 excl VAT will be charged.
6. Your service will only be reconnected once the account and the reconnection fee have been settled in full and proof of payment has been received.
7. Please ensure that payments made by EFT, and or deposits are referenced with your account number.
8. **We offer a debit order facility that you are welcome to make use of.**



Please indicate below how you would like to receive your invoices and statements.

Company Name:

Invoice	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Fax	<input type="checkbox"/>
Statement	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Fax	<input type="checkbox"/>

Postal address:

Accounts Contact person:

Vat Registration Number:

Telephone: Fax:

Email:

Date:

Signed: _____

NOTICE TO ALL DEBTORS

- 9. **All accounts are strictly 30 days from date of statement.**
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- 12. We have linked our accounts system to our services on an automated system. Any accounts not settled within 60 days will be suspended automatically.
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