



FOR OFFICE USE only : D/O \_\_\_ WHMCS \_\_\_ NC \_\_\_ Client DB \_\_\_ Welcome \_\_\_ Affiliate \_\_\_

## ADSL Service Request Form

First Name  Surname:

Company Name   
 ID / Co Reg no   
 Address

Postal Address

Post Code  For office use

Telephone Work   
 Fax   
 Mobile

Email address

TELKOM ADSL							
Service	Data only		with 384K line**		with 1024K line**		with 4096K line**
1 GB	R 59	<input type="text"/>	R 199	<input type="text"/>	R 349	<input type="text"/>	R 475
Each additional GB	R 59						
1 GB Lite	R 39	<input type="text"/>	R 199	<input type="text"/>	R 335	<input type="text"/>	R 459
Each additional GB	R 39						

ADSL UNCAPPED		
384K line Data Only	R 219	<input type="text"/>
384K line Data + Line	R 349	<input type="text"/>
1024K line Data Only	R 399	<input type="text"/>
1024K line Data +Line	R 649	<input type="text"/>
4096K line Data Only	R 459	<input type="text"/>
4096K line Data + Line	R 799	<input type="text"/>

ADDITIONAL SERVICES		
Standard ADSL Router	FREE*	<input type="text"/>
Wireless Router upgrade	R 75	<input type="text"/>
<b>Set Up charge ( incl FREE Router &amp; FREE courier )</b>	R 395	<input type="text"/>
* FREE with Telkom line		

Telephone number on which you require ADSL ( )  
 Transfer existing ADSL line from Telkom  YES  NO

ADDITIONAL SERVICES					
Additional email accounts	R15	<input type="text"/>	IMAP access to mailbox	R25	<input type="text"/>
Premium antivirus/spam scanning	R15	<input type="text"/>	Authenticated SMTP	R25	<input type="text"/>

*This service form is the basis of the agreement between the parties, the terms and conditions can be viewed on [www.ITTCONNECT.co.za](http://www.ITTCONNECT.co.za) and accepted is given by the client's signature below.*

Client signature: \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

**DEBIT ORDER INSTRUCTION**

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Service Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our below mentioned account at my / our below 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 post, email (verified) or delivered to your address indicated above.

The individual payment instructions so authorised to be issued and delivered as follows : Once off and / or Monthly and / or Annual payments as set out in the Service Agreement, to be processed between the 24 th and 28 th of a month. 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. 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. Resubmissions to collect arrears for insufficient funds will attract an additional as set from time to time.

I / We, being Authorised hereunder, 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.

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.

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. 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.

I / We acknowledge that this Authority and Mandate may be ceded to an Authorised and Registered Company that performs the actual debit on your behalf as per your agreement with that Registered Provider, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

Monthly Installment R \_\_\_\_\_ Once off set up amount R \_\_\_\_\_

Full name of account holder \_\_\_\_\_

ID number of account holder / company registration number \_\_\_\_\_

Address \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Branch code \_\_\_\_\_ Commencement date \_\_\_\_\_

Account number \_\_\_\_\_ Account type \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Witness \_\_\_\_\_ Account holder \_\_\_\_\_