



VOIP Service Application Form

Tel: 011 234-0344 Fax: 086 670 0010 Email: sales@eezeevoip.co.za Website: www.eezeevoip.co.za Physical Address: 55 Rietfontein Road, Rivonia, Johannesburg

Please indicate the VOIP service required

Business

Personal

Company / Personal Details

Company name

Name & Surname

Tel

Fax

Email

Physical Address

Suburb/Town

Postal Code

City

Province

Users

1	Name	Email
2	Name	Email
3	Name	Email
4	Name	Email
5	Name	Email
6	Name	Email
7	Name	Email
8	Name	Email
9	Name	Email
10	Name	Email
11	Name	Email
12	Name	Email
13	Name	Email
14	Name	Email

Service Provider Information

Name of Service Provider

Payment Method

Please select your payment method

Debit Order

Pre-Paid

Costs

Start up fee: R350.00 per user

R49 per month

Customer signature: _____ Date: _____



Debit Order Authorization

From: (Name of Debtor) _____
(Address) _____

Dear Sirs

AGREEMENT DATED _____

The details of my/our bank account are as follows:

Bank

Branch Name

Branch Number

Account Number

Type of Account Current (Cheque) Savings Transmission

We hereby "instruct and" authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly installment due in respect of the abovementioned agreement on the 1st day of each and every month commencing on _____ and continuing until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed at _____ on this _____ day of _____ 20 ____

Duly Authorised Signature

Witness