

CUSTOMER NO:	

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					
Name/Company	Full name and surname	e or registered company	name			
ID/Passport no			Company registration no			
Telephone no	-		VAT No			
Cellular no			Fax no		-	
E-mail address						
Postal Address			Street/ Installation Address	anasas		
Would you like to receive	e an electronic copy of you	ur Monthly Invoices?	Yes			
Section B - Payment D)etails					
Unpaid Accounts	will incur interest and wi fee of R 50.00 will be ch		r collection if overc		ger than 90 days	S.
Account Type	Current	Savings	Account No			
Bank Name		Branch Name			Branch Code	
ii - Credit Card Deta	nils					
Credit Card Type	VISA	Master Card	Expiry Date:		1	
Credit Card no:			CV	/V No:		
iii - EFT						
 Requires a minimum up-front payment of two months subscription fee. Subsequent payments to be made in cash or direct transfer in favor of: Max Internet Technologies CC, First National Bank, Hermanus Branch (200412), Account no: 62004149523 Payment confirmation must be sent via fax (086-529 1333) or email: admin@maxitec.co.za. If payments are not cleared and reflected on our Bank statement by the 26th of each month, the service will automatically be cancelled on the expiration date. Maxitec may at any time, opt not to provide services on a pre-paid basis. 						
iv - Annual Payment						
 Accounts paid annually in advance will be invoiced at a discounted rate (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 fax (086-5291333) or 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			PRINT NAME:			
SIGNATURE			DATE:			



CUSTOMER NO:	

PRODUCT REQUEST: DOMAIN HOSTING PRODUCTS

Requirements / Instructions					
REQUESTED FOR:	Full Name & Surname or Company Name	CONTACT	NO: -		
Please state your Domain name and Email addresses needed:					
Please specify the domain name for registration or transfer					

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
		LEVEL ZERO	HOST-WEB-ZERO	R 49.00 /month	
	DOMAIN HOSTING	LEVEL ONE	HOST-WEB-ONE	R 79.00 /month	
		LEVEL TWO	HOST-WEB-TWO	R 119.00 /month	
		LEVEL THREE	HOST-WEB-THREE	R 199.00 /month	
		LEVEL FOUR	HOST-WEB-FOUR	R 299.00 /month	
		LEVEL FIVE	HOST-WEB-FIVE	R 550.00 /month	
		DOM-REG-COZA	R 125.00 /year		
	DOMAIN REGISTRATION / RENEWAL*		DOM-REG-COM	R 450.00 /year	
			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 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.
- * Once off Registration fee as price specified, then yearly renewal thereafter.
- ** Please consult with MAXITEC on pricing and registration of any special domain extensions.

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

Office	11	

Referral Code: Consultant Name: Consultant Signature