

## 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 or registered company name |                         |                                 |
| ID/Passport no |  | Company registration no |                                 |
| Telephone no   | -  | VAT No                  |                                 |
| Cellular no    |  | Fax no                  | -                               |
| E-mail address |  |                         |                                 |
| Postal Address |  |                         | Street/<br>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)     Pre-paid (iii)     Annual Payment (iv)

- Unpaid Accounts will incur interest and will be handed over for collection if overdue for longer than 90 days.
- 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 - Pre-paid

- 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 26<sup>th</sup> of each month, the service will automatically be cancelled on the expiration date.
- All-inclusive ADSL services cannot be provisioned for pre-paid customers.
- 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](http://www.maxitec.co.za) and may be updated from time to time.

|                             |  |             |  |
|-----------------------------|--|-------------|--|
| <b>AUTHORISED SIGNATURE</b> |  | PRINT NAME: |  |
|                             |  | DATE:       |  |

**PRODUCT REQUEST: MAXINET CONNECTIVITY AND DATA PRODUCTS**
**Requirements / Instructions**

|                |                                     |             |   |
|----------------|-------------------------------------|-------------|---|
| REQUESTED FOR: | Full Name & Surname or Company Name | CONTACT NO: | - |
|----------------|-------------------------------------|-------------|---|

Please state your full physical address and additional requirements:

|                                    |
|------------------------------------|
| Please Fill In Full Street Address |
|------------------------------------|

**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 |
|-----------------|---------------------|--------------|----------------------|------------------|
|-----------------|---------------------|--------------|----------------------|------------------|

**CAPPED PRODUCTS**

|                          |                  |            |                   |                 |  |
|--------------------------|------------------|------------|-------------------|-----------------|--|
| <input type="checkbox"/> | 2MBPS CONNECTION | WINET 10GB | MAXINET-002M-D010 | R 99.00 /month  |  |
| <input type="checkbox"/> | 2MBPS CONNECTION | WINET 30GB | MAXINET-002M-D030 | R 199.00 /month |  |
| <input type="checkbox"/> | 4MBPS CONNECTION | WINET 10GB | MAXINET-004M-D010 | R 199.00 /month |  |
| <input type="checkbox"/> | 4MBPS CONNECTION | WINET 30GB | MAXINET-004M-D030 | R 399.00 /month |  |

**UNCAPPED PRODUCTS**

|                          |               |                          |                             |                 |  |
|--------------------------|---------------|--------------------------|-----------------------------|-----------------|--|
| <input type="checkbox"/> | UNCAPPED HOME | 2MBPS MAXINET CONNECTION | MAXINET-UNCAPPED-WIFI-H002M | R 450.00 /month |  |
| <input type="checkbox"/> |               | 4MBPS MAXINET CONNECTION | MAXINET-UNCAPPED-WIFI-H004M | R 650.00 /month |  |
| <input type="checkbox"/> |               | 6MBPS MAXINET CONNECTION | MAXINET-UNCAPPED-WIFI-H006M | R 850.00 /month |  |

**HARDWARE**

|                          |           |                       |                |           |  |
|--------------------------|-----------|-----------------------|----------------|-----------|--|
| <input type="checkbox"/> | HARDWARE* | TENDA F9 ACCESS POINT | HARDWARE-TENDA | R 550.00  |  |
| <input type="checkbox"/> |           | MIKROTIK LHG          | HARDWARE-LHG   | R 1500.00 |  |
| <input type="checkbox"/> |           | MINI UPS              | HARDWARE-UPS   | R 950.00  |  |

\* Once off hardware cost

|  |               |   |  |
|--|---------------|---|--|
|  | 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 there is an installation fee of minimum R900.00. Any additional hardware/labour will be quoted on. To be paid before installation is booked.
- 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.
- 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 | <b>AUTHORISED SIGNATURE</b> |  |
| DATE:          |  |                             |  |

Office Use:

|                |  |                  |  |                      |  |
|----------------|--|------------------|--|----------------------|--|
| Referral Code: |  | Consultant Name: |  | Consultant Signature |  |
|----------------|--|------------------|--|----------------------|--|