

## 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](mailto: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](mailto: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.

|                         |             |  |
|-------------------------|-------------|--|
| AUTHORISED<br>SIGNATURE | PRINT NAME: |  |
|                         | DATE:       |  |

## PRODUCT REQUEST: MOBILE CONNECTIVITY AND DATA PRODUCTS

### Requirements / Instructions

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

Please state your requirements and note any additional instructions:

### 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 |
|--------------------------|---------------------|-------------------------|--------------------------|----------------------|------------------|
| <input type="checkbox"/> | TELKOM LTE CAPPED   | 25GB Telkom Fixed LTE   | MOBILE-LTE-TELKOM-025GB  | R 199.00/month       |                  |
| <input type="checkbox"/> |                     | 40GB Telkom Fixed LTE   | MOBILE-LTE-TELKOM-040GB  | R 299.00/month       |                  |
| <input type="checkbox"/> |                     | 60GB Telkom Fixed LTE   | MOBILE-LTE-TELKOM-060GB  | R 399.00/month       |                  |
| <input type="checkbox"/> |                     | 100GB Telkom Fixed LTE  | MOBILE-LTE-TELKOM-100GB  | R 499.00/month       |                  |
| <input type="checkbox"/> |                     | 150GB Telkom Fixed LTE  | MOBILE-LTE-TELKOM-150GB  | R 699.00/month       |                  |
| <input type="checkbox"/> |                     | 300GB Telkom Fixed LTE  | MOBILE-LTE-TELKOM-300GB  | R 799.00/month       |                  |
| <input type="checkbox"/> |                     | 750GB Telkom Fixed LTE  | MOBILE-LTE-TELKOM-7500GB | R 1099.00/month      |                  |
| <input type="checkbox"/> |                     | 1500GB Telkom Fixed LTE | MOBILE-LTE-TELKOM-1500GB | R 1299.00/month      |                  |
|                          |                     |                         | MONTHLY COSTS            | R                    |                  |
|                          |                     |                         | ANNUAL COSTS             | R                    |                  |

### ADDITONAL DATA

|        |                                    |                               |          |
|--------|------------------------------------|-------------------------------|----------|
| TOPUPS | 5 GB Top-Up for Telkom Fixed LTE   | MOBILE-LTE-TELKOM-TOPUP-005GB | R 89.00  |
|        | 10 GB Top-Up for Telkom Fixed LTE  | MOBILE-LTE-TELKOM-TOPUP-010GB | R 129.00 |
|        | 25 GB Top-Up for Telkom Fixed LTE  | MOBILE-LTE-TELKOM-TOPUP-025GB | R 279.00 |
|        | 50 GB Top-Up for Telkom Fixed LTE  | MOBILE-LTE-TELKOM-TOPUP-050GB | R 559.00 |
|        | 100 GB Top-Up for Telkom Fixed LTE | MOBILE-LTE-TELKOM-TOPUP-100GB | R 999.00 |

### 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 confirm the 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>.
- Service Activation Fee of R89 Applies to all sim card activations

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

Office Use:

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