

PRIMARY CONTACT INFORMATION

First Name _____ Last Name _____
Cell Phone _____ Work Phone _____
Email _____ ID/Passport Number _____
Street Name _____ Street Number _____ Building Name _____
Unit Number _____ Suburb _____
City _____ Province _____

BILLING CONTACT INFORMATION

First Name _____ Last Name _____
Cell Phone _____ Work Phone _____
Email _____ ID/Passport Number _____

TECHNICAL CONTACT INFORMATION

First Name _____ Last Name _____
Cell Phone _____ Work Phone _____
Email _____ ID/Passport Number _____

COMPANY INFORMATION

Company Name _____ Registration Number _____
VAT Number _____
Street Name _____ Street Number _____ Building Name _____
City _____ Unit Number _____ Province _____

ID Document



Proof of Residence



Company Registration



FIBRE INFORMATION

Is Fibre Installation Required? Yes No

Please confirm package type below:

- Pay for Installation Upfront with a free Activation and Free Router with 6 month claw back
- If Already Installed, Free Activation and Free Router with a 6 month claw back

METROFIBRE HOME PACKAGES

Please select the option that suits you best

PACKAGE	SELECTION	PRICE	DOWNLOAD	UPLOAD
GoActive 25/25	<input type="checkbox"/>	R 490	25MBPS	25MBPS
GoActive 75/75	<input type="checkbox"/>	R 695	75MBPS	75MBPS
GoActive 250/250	<input type="checkbox"/>	R 870	250MBPS	250MBPS
GoActive 400/400	<input type="checkbox"/>	R 930	400MBPS	400MBPS
GoActive 500/500	<input type="checkbox"/>	R1080	500MBPS	500MBPS



PAYMENT TERMS - DEBIT ORDER ONLY

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given By (Account Holder) _____ Contact Number _____
Address _____
Bank Name _____ Branch & Code _____
Account Number _____ Amount _____ Date _____

Abbreviated Name as Registered with the Bank: **B2ETECH**

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my / our abovementioned account at my / our above-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 _____ and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

I / We understand that the withdrawals hereby authorized 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.

Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation

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.

Assignment

I / We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

_____ Agreement reference number is _____ (Assisted by)

**** Currently we are only able to debit bank accounts on the 1st working day of every month (this excludes Sundays and Public Holidays), we are working on adding additional dates for the near future. Thank you for your understanding ****

