



DIAL-UP ACCESS

AGENT/REP CODE:

- Provides you with an unlimited Internet connection (over 100 POPS in South Africa)
- We can offer you access to the internet from anywhere in South Africa with our 086 access number. This means that no matter where you are in South Africa, you will only pay for a local call to connect to the internet.

Supply the names and passwords (minimum 6 characters) for your mailboxes (i.e. yourname@alphamail.co.za / yourname@ultra-isp.net)

MAIL BOX 1:	<input type="text"/>	PASSWORD:	<input type="text"/>
MAIL BOX 2:	<input type="text"/>	PASSWORD:	<input type="text"/>
MAIL BOX 3:	<input type="text"/>	PASSWORD:	<input type="text"/>

Pricing Schedule (Mark require services where applicable)

REQUESTED SERVICE:	<input type="text"/>	DATE SERVICE REQUIRED:	<input type="text"/>
DOMAINS:	<input type="text"/>		<input type="text"/>
CURRENT E-MAIL ADDRESS:	<input type="text"/>	FREE FAX 2 EMAIL:	<input type="checkbox"/> YES <input type="checkbox"/> NO

R100 Reconnection fee if account is suspended due to non-payment

Activation of services will commence, after **confirmation of initial payment.**

SUBSCRIBER / CLIENT DETAILS

TITLE:	<input type="text"/>	INITIALS:	<input type="text"/>	NAME:	<input type="text"/>
I.D. NUMBER:	<input type="text"/>	SURNAME:	<input type="text"/>		

COMPANY DETAILS

NAME:	<input type="text"/>	REG. NUMBER:	<input type="text"/>
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CONTACT DETAILS

TEL #:	<input type="text"/>	FAX #:	<input type="text"/>	MOBILE #:	<input type="text"/>	VAT NUMBER:	<input type="text"/>
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PHYSICAL ADDRESS

ADDRESS:	<input type="text"/>				
CITY:	<input type="text"/>	PROVINCE:	<input type="text"/>	POSTAL CODE:	<input type="text"/>

POSTAL ADDRESS

ADDRESS:	<input type="text"/>				
CITY:	<input type="text"/>	PROVINCE:	<input type="text"/>	POSTAL CODE:	<input type="text"/>

BANKING DETAILS

ACCOUNT HOLDER:	<input type="text"/>	DEBT DATE:	<input type="checkbox"/> 25TH <input type="checkbox"/> 1ST
SIGNATORY NAME:	<input type="text"/>		
BANKING INSTITUTION:	<input type="text"/>	ACCOUNT NUMBER:	<input type="text"/>
BRANCH:	<input type="text"/>	BRANCH CODE:	<input type="text"/>
ACCOUNT TYPE:	<input type="text"/>	DEBIT AMOUNT:	<input type="text"/>
<input type="checkbox"/> SA CITIZEN - COPY OF ID <input type="checkbox"/> FOREIGNER - COPY OF PASSPORT <input type="checkbox"/> PROOF OF BANKING DETAILS <input type="checkbox"/> PROOF OF RESIDENCE			

DECLARATION

I/We _____ (print name), the undersigned, confirm the accuracy of the information contained in this document and warrant that I/we am/are duly authorised to sign on behalf of the Subscriber. I/We hereby request 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 sum of _____ (state amount in words) or any variable amount pertaining to this agreement, on the date specified of each and every month (25th being the default date). This being the amount necessary for the settlement of the monthly due to you in respect of our purchases/contract/agreement dated _____

I/We acknowledge that I/we have **read, understood and agree to be bound by the Terms and Conditions** upon signature hereof, I/we further acknowledge that the Terms and Conditions have been made available by **Ultra IT Solutions CC** on the internet at **www.ultra-isp.net**. I/We am/are aware that the activation of the above mentioned services will commence once confirmation of the first month amounts mentioned are reflected in your account. I/We hereby consent to **Ultra IT Solutions CC** performing a credit clearance verification if needed. **I the undersigned understand if my Debit Order gets returned for any reason, I will pay a Penalty FEE of no less than R50-00.**

I/we the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any bank charges relating to this debit order instruction.

Assignment:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights 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 authorized party

PRINT NAME	AUTHORISED SIGNATURE	DATE SIGNED
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FOR OFFICE USE ONLY

ACCOUNT NUMBER:	SERVICE(S) ACTIVATED BY:	DATE SERVICE(S) ACTIVATED:
REQUESTED SERVICES:		

The information contained here within, may not be made available to any third party without the written consent of an authorised **ULTRA IT SOLUTIONS CC** representative.
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Internet Cost Saving Provider

BANK INSTITUTION :	FIRST NATIONAL BANK
ACCOUNT HOLDER :	ULTRA I T SOLUTIONS CC
ACCOUNT NUMBER :	621 4626 8083
BRANCH CODE :	200510