Service Application Form



PO Box 75657 Lynnwoodridge 0040

Tel: 083 510 2142 083 655 5247 Fax: 086 610 0913 Email: accounts@tci.co.za

PERSONAL DETAILS																		
Company Trading								Registration Num-										
Company Registered								VAT Number										
Title First Name								Last Name										
ID Number	Email Address																	
Tel (Work) ()								Tel (Home)	()									
Fax ()								Cellular	()								
Postal								Physical										
Address								Address										
	Code														Code			
ADSL OPTIONS																		
Capped Solutions Qty PM Uncapped																Qty	РМ	
ADSL 1GB Access (Includes one email @tci.co.za)						~~~	R 60	384k Uncapped Access							20	R 290		
ADSL 3GB Access (Includes one email @tci.co.za)							R 180	512k Uncapped Access							R 370			
ADSL 5GB Access (Includes one email @tci.co.za)							R 300	1024k Uncapped Access								R 435		
ADSL 10GB Access (Includes one email @tci.co.za)							R 450	4096k Uncapp	4096k Uncapped Access								R 620	
ADSL 15GB	Access (Inclu	ides one	email @tci	.co.za)			R 675											
				OPTION	S								1					
Registration Qty					ty	Initial	Per Yr	Hosting							Qty	PM		
.CO.ZA .COM; .NET; .ORG; .INFO; .BIZ; .NAME; .US						R 150 R 300	R115 R145	Domain hosting (Includes 5 email accounts)									R 100	
.com, .nei	, .0KG, .1K	1 ⁻⁰ , .bi	2, .IN/IMIL,	,.03		J		DETATO										
D IN	1					5EF	K VICE	DETAILS	5									
Domain Nam	-				2.													
Email Account Email Account						Email Account Email Account												
Email Accour							Email Account											
Email Accourt	11																	
								THORISA		N ANI	ЭΈ	ERN	1S					
The subscriber shall be entitled to terminate this agreement upon two calendar months written notice. I have read and understood the service terms as published on "http://www.tci.co.za"																		
Initial charge R Month						nly Charg	re R		ual ch	l charge R								
Applicant Signature					onu	ny Charg	,c 1		Date									
AUTHORISATION FOR DIRECT DEBIT PAYMENTS																		
Account Holders Full																		
ID Number /	Company l	Registrati	ion															
Bank Name Branch N					ame			Branch										
Account Nun											Chequ		Savi	·		nsmiss		
I/We hereby au	I/We hereby authorise The Corporate Internet CC to draw against the above account the amount(s) necessary to cover the monthly and arrear charge(s) for all services rendered.													endered.				
Authorised Signature									Date									