

Megasurf Wireless Internet Application

Client Code:

Agreement Between Megasurf Wireless Internet and Subscriber

For Office use or Existing client code

If Company Name:			
Company Reg. No:		Company VAT No:	
Name and Surname:			
ID No:			
Email:			
Tel No:		Mobile No:	
Alternative Contact Person:		Mobile No:	
Postal Address:			
		Postal Code:	
Installation Address:			
		Postal Code:	

Monthly Service Package:

Monthly Package Description:	
Monthly Package Fee:	R

Rental Term with Applied Installation Fee:

<input type="checkbox"/> Month to Month Contract. R4390 PowerBeam Installation.
<input type="checkbox"/> Month to Month Contract. R3299 LiteBeam Installation.
<input type="checkbox"/> 12 Month Contract. R1500 Installation. Plus R85.00pm For Rental and Insurance.
<input type="checkbox"/> 24 Month Contract. R1000 PowerBeam Installation. Plus R85.00pm For Rental and Insurance.
<input type="checkbox"/> 24 Month Contract. Free LiteBeam Installation. Plus R85.00pm For Rental and Insurance.
<input type="checkbox"/> 48 Month Contract. Free LiteBeam Installation. Free Router, Free Wifi Extender and Free Basic Netflix account. Plus R85.00pm For Rental and Insurance.

If Own Equipment (Please tick one)

<input type="checkbox"/> Installed	<input type="checkbox"/> Not Installed (R360.00 per hour excluding extra`s)
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Confirmation:

I hereby confirm that I authorise to enter into this agreement and that the information provided is true and correct.

I acknowledge that I have read and do hereby accept the terms and conditions obtained Online (<http://www.megasurf.co.za/terms/>) or a hard/electronic copy obtained from the Megasurf office.

I hereby confirm that I attached a Copy of my ID with this form. This Application will not be processed without it.

The Subscriber, Full Name: _____

Signed at _____ on the _____ of _____ 20_____.

Signature: _____

Debit Order Mandate for Megasurf Wireless Internet cc

Payment Method

You are welcome to pay via EFT or at our offices via cash or card

For a Debit Order please fill in							
Banking Details							
Bank Name:							
Branch Code:							
ABSA 632 005	Bidvest 462 005	Capitec 470 010	FNB 250655	Investec 580 105	Mercantile 450 105	Nedbank 198 765	Standard Bank 051 001
Account Type:							
Account Number:							
Account Holder Name:							
Account Holders ID:							

Or Card Details:

Card Number:	
Account Holder Name:	
Expiry Date:	
Card (Master or Visa)	

Terms and Conditions

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorize you to issue and deliver payment instructions to the bank 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: I. On the 1st day ("payment day") of each and every month commencing on 1st Month after installation. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due; 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. 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. MANDATE I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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 to 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 the _____ of _____ 20____.

Signature: _____