

All Pricing are VAT Exclusive!

Application Form – Client Details				Branch Code (Office to assign)				
Company		Personal		(Please mark with X)				
Company Details								
Company Name								
Registration number					VAT No			
Personal Details								
Name and Surname								
Telephone Nr:					Fax Nr:			
ID Number:					Cell Nr:			
Installation Address								
Address / Complex								
Street Name:						Number:		
Suburb:					City:			
Billing Address								
Postal Address:								
Province:					Postal code:			
Email Address:								
Debit Order Details				Debit Day (X)		1st	15th	20th
Account Holder								
Bank Name:								
Branch Name		Account Type		Cheque	Savings	Transmission		
Branch Code		Account Number						
ISP Banking Details		Account Name		In-Tech Business Solutions (Pty) Ltd				
Account Number	62171279302	Branch name and code	Eldoraigne 251145	Bank Name	FNB (First National Bank)			

I/We hereby request and authorise Voizacom / In-Tech to draw against my/our account, with whichever bank it may be, the amounts required under this contract or any renewal thereof and I/we authorise my/our bank to DEBIT my/our account with any amounts drawn against it in terms of this contract, on the specified day of each month. I/We agree to the Standard Terms and Conditions attached overleaf as amended from time to time I/we hereby confirm that above-mentioned installation and/or billing address shall be my/our Domicilium citandi et executandi. I have read and understood the Terms and Conditions – www.ibsweb.co.za.

Date: _____ Signature: _____ Name / Surname: _____