



A SERVICE PROVIDED BY SWIFNET (PTY) LTD
 Reg No. 1994/009541/07
 P O Box 10311, Centurion, 0046

Please provide the following paper work:
 * CM1 & CM2 & CM29 OR CK1/CK2
 * Copy of ID document
 * Letter of authority if not signed by authorised signatory
 * This order form is subject to credit vetting, a deposit may be required

Fastnet Consultant	
Bank Consultant	
Bank	

ProPOS Order Form

CUSTOMER DETAILS

Business /Customer Name			
Trading As			
Type (Sole prop, CC, Pty)		VAT Reg. No.	
ID/Co/CC Number			
Head office contact name			
Telephone No.		Fax	
Email Address		Cell	

SERVICE OPTIONS

Application Terminal Type	<input type="checkbox"/> ABSA	<input type="checkbox"/> NEDBANK	<input type="checkbox"/> FNB	<input type="checkbox"/> Standard Bank
Number of ports required	Tick <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Contract term	12 Months <input type="checkbox"/>	24 Months <input type="checkbox"/>
FastNet Pricing per port required	12 Month	ProPOS 1 - R191-00	ProPOS 2 - R199-00	ProPOS 3 - R207-00
	24 Month	ProPOS 1 - R176-00	ProPOS 2 - R183-00	ProPOS 3 - R189-00
		ProPOS 4 - R210-00		
		ProPOS 4 - R195-00		
	All prices are VAT exclusive			
Required Installation Date			Existing FastNet Account No.	
Special Instructions				

INSTALLATION DETAILS

Shop Number		Building/Shopping Centre			
Street & Number & ERF No.					
Suburb		City/Town		Code	
On Site Contact Person		Tel		Cell	
Authorised Person(s) to sign Installation/Delivery Note	Contact 1		Contact 2		
	Tel No		Tel No		

BILLING / ACCOUNT DETAILS

Accounts/Billing Address			Accounts Contact	
			Telephone No.	
Postal Code				

BANKING DETAILS FOR DEBIT ORDER AUTHORISATION

Customer's Bank		Branch Name	
Account Number		Branch Code	
Type of Account	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>

Please provide a copy of a cancelled cheque or a copy of last available bank statement to verify details for the debit order facility

AGREEMENT AND AUTHORISATION

# Signed by duly authorised person(s) who has read & understand the Terms and Conditions clause below	Signature
Full Name	
ID Number	
Designation	

Date Signed	D D / M M / Y Y Y Y
-------------	---------------------

# Signed by duly authorised person(s) to authorise payment by Debit Order	Signature
Full Name	
ID Number	
Designation	

Date Signed	D D / M M / Y Y Y Y
-------------	---------------------

REFERENCE TO FASTNET TERMS AND CONDITIONS

The person/legal entity who requests the Service becomes a Customer of Swiftnet upon signing this Order form. Swiftnet thereafter agrees to provide the Customer with the Service and the Customer hereby agrees to use the Service subject to Swiftnet's Standard Terms and Conditions which are available on request and/or on Swiftnet's website (www.fastnet.co.za).

The Terms and Conditions herein shall be deemed to be exclusive and applicable to each and every agreement entered into by both parties.

Directors of a Company (Private or Public) or a Member of a Closed Corporation : Where the person signing the Application for Service is a director of a Company or a member of a Closed Corporation and the Company or Closed Corporation is the Customer as indicated on the Application for Service form, then the Director or Member accepts and acknowledges that he is liable in his personal capacity for all outstanding monies owed to Swiftnet in the event that the Company or Closed Corporation (the Customer) fails, for whatever reason, to pay the outstanding amount.

* I/We hereby instruct and authorise SWIFNET to draw against my/our current/transmission/savings account with the abovementioned bank/building society all monies which are due and payable by me/us in terms of the SWIFNET Service.

* If the application is not signed by a Director or member, proof of authorised delegation to the signatory by the legal entity must be attached.