

# Salestronics Internet Services

## APPLICATION FORM FOR National DIAL UP ACCOUNT

Fax no: 086 6098744 Telephone no: 021 5593883 Postal Address: P.O. Box 28381, Bothasig, 7406

**PLEASE COMPLETE ALL FIELDS**

Title	Surname	Account Number (if exists)
<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	Initials	Date required (dd/mm/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Number/ Company Registration Number	Company name (or Private)	
<input type="text"/>	<input type="text"/>	
Postal Address	Street Address	
<input type="text"/>	<input type="text"/>	
Postal Code	Postal Code	
<input type="text"/>	<input type="text"/>	
Telephone number and code (business)	Telephone number and code (home)	
<input type="text"/>	<input type="text"/>	
Fax number and code	Cellphone number	
<input type="text"/>	<input type="text"/>	
Preferred E-mail user name:	Alternative e-mail user name/Aliases	Domain name (if applicable)
<input type="text"/>	1. <input type="text"/> 2. <input type="text"/>	@brbsales.com

**PLEASE SUPPLY US WITH YOUR SYSTEM INFORMATION (OPTIONAL)**

Operating System:	<input type="checkbox"/> Win 95/NT	<input type="checkbox"/> Win 98	<input type="checkbox"/> Win2000	<input type="checkbox"/> WinXP	<input type="checkbox"/> Other
Other peripherals	<input type="checkbox"/> Sound card	<input type="checkbox"/> CD Rom	<input type="checkbox"/> Camera	<input type="checkbox"/> Scanner	<input type="checkbox"/> Printer
Modem Speed	<input type="checkbox"/> <14,400	<input type="checkbox"/> 28.8	<input type="checkbox"/> 33.6	<input type="checkbox"/> 56.7	<input type="checkbox"/> Other

Were you previously connected to the Internet through another service provider?  Y /  N

If yes, please provide the name of the service provider:

What is your home language? Afrikaans  English

**DEBIT ORDER (DELETE WHERE APPLICABLE)**

I, \_\_\_\_\_ (full name) authorise Salestronics to debit my bank account with the amount of R 75.00 per month from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yy) for services rendered until further notification.

Name of financial institution	Branch number
<input type="text"/>	<input type="text"/>
Type of account	
<input type="checkbox"/> Cheque <input type="checkbox"/> Savings	
Account number	
<input type="text"/>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Salestronics DIAL-UP SERVICES: TERMS AND CONDITIONS**

1. Salestronics permits authorised users unlimited interactive dial-up access to its system. Idle Time, non-dial-up use, non-interactive use, and use of system resources not directly related to interactive dial-up access (including, but not limited to, use of disk space and CPU time) may be restricted or may incur additional charges.
2. The subscriber shall be liable for all of their own hardware, telecommunication and other costs for connection to a Salestronics point of presence.
3. Salestronics will not be liable to the Subscriber nor to any associated party for damages, incidental or consequential, of any nature whatsoever.
4. The Subscriber shall not, without the express written permission of Salestronics, resell or make available to any third party such services as they might receive from Salestronics.
5. The Subscriber must pay Salestronics in advance for the selected service option, of which payment must reach Salestronics prior to the account expiry date. Salestronics reserves the right to withhold access for overdue accounts, while the Subscriber shall continue to be liable for the service until the notice of conditions have been fulfilled. Credit card or direct debit payments may be processed up to ten (10) days prior to account expiry date in order to allow time to resolve any difficulties which may arise.
6. Only the registered user is authorised to use the account and 30-days written notice is required to terminate the service.