



Inconet CC

31 Van Der Lingen Street - Kroonstad
9499
Company Reg. No. 2007/022199/23
VAT Reg. No. 4880239464

Communication Service Agreement

Inconet Bandwidth is provided over a ICASA Licensed
Wireless Data Network – ECS and ECNS Licenses
All services are provided at best effort.

Ref No.
(Inconet Use)

Business Details

Company Name		Trading As	
Reg. Number		VAT Reg. Number	
Installation Address		Postal Address	
		Postal Code	
Contact Person			
Landline		Fax	
Mobile		Notifications SMS	
Invoice Email		Notifications Email	
Username		Password	

Office Use Only

Item	Sign
Received By	
Radius 1	
Radius 2	
Client List	
SMS	
Email List	
Pastel Account	
Referral Code	

Wireless Package	Wireless Connection Type	Dedicated Public IP	Port Forward	Contract Term Period	Monthly Fee	Quantity
Bronze	P2MP	PoA	10 Ports	Monthly	R 680	
Silver	P2MP	PoA	10 Ports	Monthly	R 880	
Gold	P2MP	PoA	10 Ports	Monthly	R 1080	
Platinum	P2MP	PoA	10 Ports	Monthly	R 1280	
Wireless VPN Only	P2MP	N/A	N/A	Monthly	R 250	
Wireless VPN Only	P2MP	N/A	N/A	Monthly	R 450	
Wireless VPN Only	P2MP	N/A	N/A	Monthly	R 1050	

All services are delivered at best effort. Wireless link quality may affect final service speed and stability.

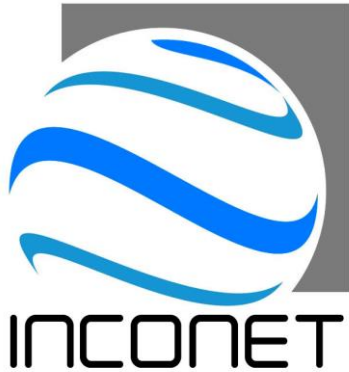
Rental Package	Monthly Fee	Qty
CPE w/o insurance:	R 200	
Rental MAC1:		
Rental MAC2:		
Free Email Accounts:		

Debit Order Details and Authorization

Account Holder Name		Amount of Debit Order	
Bank		Date of First Debit Order	
Branch Code			
Account Number			
Account Type			
I/We hereby authorize Inconet CC to draw against the above account the amounts necessary to cover the monthly and arrear(s) charges for all the services rendered and/or products delivered by Inconet CC as per the Attached Mandate.			
Subscriber Signature:		Date:	

Service Application Confirmation and Terms of Utilization Approval

I/We have read and understood the service terms and conditions on the www.inconet.co.za website and hereby accept the above contractual agreement on monthly basis.			
Subscriber Signature:		Date:	



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9499

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E-mail: Support@inconet.co.za
Fax: 086 587 6595

Company Reg No. 2007/022199/23

VAT Reg. No. 4880239464

Date:

DEBIT ORDER MANDATE

Given by:

Name of Account Holder _____

Address _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account (~~delete that which is not applicable~~) Current (cheque) / Savings / Transmission

Amount _____

Date _____

Debit Order Date

1st / 15th of every month

To:

INCONET CC

Abbreviated Name "INCONET CC"

31 Van der Lingen Street, Kroonstad, 9499

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned 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 _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of

not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**).

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment Instructions due in December may be debited against my account on _____

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

C. 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.

D. Assignment

I/We acknowledge that this Authority may be ceded 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 this _____ day of _____.

(Signature as used for operating on the account)

(Assisted By)

E. Agreement Reference Number

This Agreement reference number is _____