



**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)

**Personal Details**

Name		Surname	
ID 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	N/A	5 Ports	Monthly	R380	
Silver	P2MP	N/A	5 Ports	Monthly	R480	
Gold	P2MP	N/A	5 Ports	Monthly	R580	
Platinum	P2MP	N/A	5 Ports	Monthly	R680	

Rental Package	Monthly Fee	Qty
CPE w/o	R200	
Rental MAC1:		
Rental MAC2:		
<b>Five Free Email Accounts:</b>		

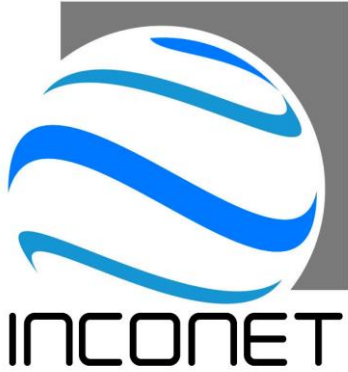
All services are delivered at best effort. Wireless link quality may affect final service speed and stability.

**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 <a href="http://www.inconet.co.za">www.inconet.co.za</a> website and hereby accept the above contractual agreement on monthly basis.			
Subscriber Signature:		Date:	



39 Oranjestraat  
Kroonstad  
9499

Tel: 056-2122560  
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 1<sup>st</sup> / 15<sup>th</sup> 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 \_\_\_\_\_