



Voice Billing Agreement

Registration Name of Business (Legal Name): _____ (“USER”)
(Trading As _____) If applicable.

Company Registration Number : _____
Vat Registration Number : _____
Tel Number : _____
Email : _____
Physical Address of Business : _____

Is your postal address the same as your principal place of business? YES / NO

Po Box Address : _____ Site Address (if any): _____

<p>Primary Contact Person</p> <p>Name : _____</p> <p>Tel / Cell : _____</p> <p>Fax : _____</p> <p>Email : _____</p>	<p>Billing Contact Person</p> <p>Name : _____</p> <p>Tel / Cell : _____</p> <p>Fax : _____</p> <p>Email : _____</p>
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This Agreement is executed at _____ for and on behalf of the User by _____
in User’s capacity as _____ and duly authorized thereto on this _____ day of _____ 20____.

Witness Signature:

User’s Signature
User acknowledges and accepts terms and conditions overleaf

FOR OFFICE USE ONLY

Signed at _____ for and on behalf of Integra Tech (PTY) LTD on this _____ day of _____ 20____.

Witness Signature:

Integra Tech Signature:



Contract Subscription Schedule

LTE Data Subscription : _____
ADSL Subscription : _____
Diginet Subscription : _____
Data Installation Fee : _____
LTE Installation Fee : _____
Initial Period : _____

Initial Period : _____
Caller Line Identification (R51 pm): _____
Voice Recording Option (R199 pm) : _____
Porting : _____

Call Charges

Landline – Per Second Billing : _____
Mobile – Per Second Billing : _____
Price Plan : _____

Sign in Full

I / We confirm the accuracy of the information contained in this agreement and warrant that I / we am / are duly authorized to sign on behalf of the company stipulated above. I acknowledge that I have viewed, read and understood the Integra Tech (PTY) LTD's terms and conditions made available to me freely by Integra Tech (PTY) LTD on their website at www.integragrp.co.za. ** I further acknowledge that i, agree to be bound by these terms and conditions upon signature hereof and that i / we may not resile from payment of any amounts detailed above and as per schedule A for any reason whatsoever.

Name & Surname : _____
ID Number : _____

Signature : _____
Designation : _____

This Agreement is executed at _____ for and on behalf of the User by _____
in User's capacity as _____ and duly authorized thereto on this _____ day of _____ 20____.

Witness Signature:

User's Signature:
User acknowledges and accepts terms and conditions overleaf



Debit Order Authorization

A. Authority :

Abbrev. Name with Bank	:	_____
Name of account holder to debit	:	_____
<i>Domicilium et executandi:</i> (Address)	:	_____
Contact Number	:	_____
Cell No.:		_____
Landline:		_____
Bank	:	_____
Branch Code	:	_____
Account Number	:	_____
Type of Account	:	Current / Savings / Transmission
Amount to be deducted	:	_____
Debit order date	:	_____

This signed Authority and Mandate refers to our contract dated to which it is annexed or forms part of ("the Agreement").

I/We hereby authorise 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 authorised to be issued must be issued and delivered as follows: monthly, bimonthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**)

If the payment day falls on a Sunday, or recognised 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 the _____ day of every relevant month that this agreement remains in force.

I/We understand that the withdrawals hereby authorised 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 above-mentioned Bank as if the instructions have been issued by me/us personally.

I/We agree to pay any penalty bank charges relating to this debit order instruction.



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

FULL NAME: _____

POSITION: _____

(Account holder on the bank account) Who hereby warrants he/she is Duly Authorised thereto by virtue of his/her signature hereof.

E. Agreement Reference Number

This Agreement reference number for debtor is: _____

**EFT Users may not use the tracking option and must exclude the option from their Authority and Mandate.*

Voice Billing

Guarantee

Details of directors / members / partners / sole proprietors

Full Name and Surname	Residential Address	% Interest	Id Number
1			
			1. Signature
2			
			2. Signature
3			
			3. Signature