



Anderson IT Marketing Cc. - [AITM]
NEW CLIENT REGISTRATION FORM

Tel : + 27 (0) 31 563 9435

Fax : + 27 (0) 86 612 6708

info@aitm.co.za

**Please print this application form and complete it in full.
 Once completed fax to Anderson IT Marketing Cc. on 086 617 6708.**

Company/Client Name : _____

Physical Address : _____

Postal Address : _____

_____ Code : _____

Telephone Number: _____ Fax : _____

E-Mail Address : 1) _____ 2) _____

Website Address : http://www . _____

Company Reg No. : _____ VAT No : _____

Contact Person : _____ 2nd Contact : _____

Accounts Contact Person : _____

Statement Type : Email : _____ Fax : _____

Client's Signature : _____ Date : _____

Please Note : Thank you for providing us with your information. We realise that this information is privileged and confidential in nature and it will be treated as such. All services supplied by or through Anderson IT Marketing Cc. are subject to the Terms, Conditions & Disclaimers as advertised on our website.

ADSL		DESIGN & DEVELOPMENT		E-MAIL SENDING		TECHNICAL	
IBURST		DOMAIN, HOSTING & E-MAIL		SMS SENDING		HARDWARE & SOFTWARE	
3G		WEBSITE MARKETING		SMS COMPETITION		NETWORKING	

BELOW FOR OFFICE USE ONLY

Omni Client Acc. Code : _____

NETCASH BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY

Name (Debtor) : _____ Date : _____
Address : _____ Signatory Name : _____
_____ Contact Tel : _____

Dear Sir / Madam,

The details of my bank account are as follows :

BANK : _____ CARDHOLDERS NAME : _____
BRANCH/TOWN : _____ CARD NUMBER : _____
BRANCH NO. : _____ EXPIRY DATE : _____
ACCOUNT NAME : _____ CVV NUMBER : _____
ACCOUNT NO. : _____ (three digit number on back of card)
TYPE OF A/C : _____ CARD TYPE : _____
(Savings, Current, Transmission) (MasterCard, Visa etc...)

I/we hereby request and authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of (state amount in words) :

or any variable amount pertaining to this agreement, on the first working day of each month. This being the amount necessary for the settlement of the monthly due to you in respect of our purchases/contract/agreement dated

_____ / _____ / **2008**

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally. I/we the undersigned "instruct" and authorise your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorised here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction. This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment :

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party

Signed _____ on this _____ day of _____ 200_____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS