



C-Way Computers

PO Box 4139, 22a Prinses St. Standerton, 2430

Tel 017 7125090, Fax 0865018998

VAT Reg: 4350176725 Reg: CK98/29909/23



Wireless Internet Application Form

Surname: Initials: Title:

First Name: ID Number:

Company Name: Company Reg no:

Company Vat no:

Postal Address: Postal Code:

Residential address:

Town: Postal Code:

Tel:(Home) (Work)

Cell: Fax Number:

Current Email:

Confirmation of service required:

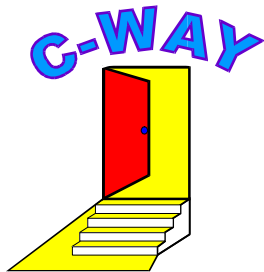
I hereby confirm my decision to subscribe to (Please indicate choice with X):

C-Way Wireless Services

Speed	Classic (1:8)	Premium (1:4) <i>(Recommended)</i>	Premium Plus *
Up to 2Mb	R210 p/m	R395 p/m	R895 p/m
Up to 4Mb	R350 p/m	R565 p/m	R1065 p/m
Up to 5Mb	R420 p/m	R645 p/m	R1145 p/m
Up to 6Mb	R490 p/m	R775 p/m	R1275 p/m
Up to 7Mb	R560 p/m	R910 p/m	R1410 p/m
Up to 8Mb	R620 p/m	R1090 p/m	R1590 p/m
Up to 10Mb	R760 p/m	R1125 p/m	R1625 p/m
Up to 12Mb	R900 p/m	R1200 p/m	R1700 p/m

* Specific Hardware is required. Please consult with our sales team.





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E-mail address preferences (Optional)

Kindly specify the alias options for your new-email address (in order of preference):

First option:@cway.co.za

Second option:@cway.co.za

Please inform me of any specials and product promotions!

Yes

No

Debit Payment Instructions

A. Authority

Given by (Name of Accountholder): _____

Address: _____

Bank: _____

Account Number: _____

Branch Code: _____

Type of Account: _____

Amount: _____

Date: _____

To: **CWAYCOMP PO Box 4139 Standerton 2430**





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This signed Authority and Mandate refers to our contract dated _____ (“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 30 days, and send by prepaid registered post or delivered to your address as indicated above, or cancellation send to accounts@c-way.co.za.

The individual payment instructions so authorised to be issued must be issued and delivered on the following date of the month: _____ (Choose between: 1st, 15th or 30th)

I wish the payment instruction to be issued and delivered: monthly, bi-monthly, three monthly, six monthly, annually, **(underline the correct payment method)**.

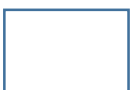
In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

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

I/We understand that the withdrawals hereby authorised will be processed through a computerised 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.

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.





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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)

E. Agreement Reference Number

This Agreement reference number is (Official Use) _____

Login name: _____

Certification of application

I hereby confirm that the above banking details are correct. I also confirm that I am familiar with and accept the Standard Terms and Conditions of C-Way Computers that are available at <http://www.c-way.co.za/c-way-terms-and-conditions>. **Please note a full 30 Days notification period starting from the next 1st of the month is required on cancellation of ISP services, and hosting services. Cancellations must be submitted by email to: accounts@c-way.co.za, or in writing delivered to our office.** Terms & Conditions apply.

_____ (Date)

Signature that I understand C-Way Cancellation requirements and agree to this contract.

C-Way Representative Name: _____

