



**Interprise (Pty) Ltd**  
 35 Keyes Avenue, Rosebank, Johannesburg.  
 PO Box 1161, Rivonia, 2128

Tel: 0861 17 17 17 / 011 560 9000  
 Fax: 0861 89 89 89 / 011 447 4114  
 Email: [sales@interprise.co.za](mailto:sales@interprise.co.za)  
[www.interprise.co.za](http://www.interprise.co.za)

Reseller Name:		Reseller No.:	
Sales Person:		Existing Acc No.:	

**Customer Sign Up Form**

**Customer Details**

Company:	Mr / Mrs / Miss / Dr:					
Reg / CC No.				VAT No.		
Physical Address				Postal Address		
City / Town		Code		City / Town		Code

**Contact Details**

<b>General Contact (All)</b>			
Surname	Mr / Mrs / Miss / Dr:		
First Name			
Tel. No.			
Fax No.			
Cell No.			
Email Address			
ID / Passport No.			
<b>Technical Contact – i.e. Web-designer, etc.</b>		<b>Financial / Billing Contact *</b>	
Surname	Mr / Mrs / Miss / Dr:	Surname	Mr / Mrs / Miss / Dr:
First Name		First Name	
Tel. No.		Tel. No.	
Email Address		Email Address*	

\* Invoices will be emailed to this address. If not completed, invoices will be emailed to the General Contact.

**PAYMENT DETAILS (Fill in the applicable section for your payment method)**

<b>Payment via Debit Order:</b>						
Account Holder						
Bank Name				Account Number		
Branch Name				Branch Code		
Account Type	<input type="checkbox"/> Current Acc	<input type="checkbox"/> Savings	Debit Date:	<input type="checkbox"/> 1 <sup>st</sup> day	<input type="checkbox"/> 15 <sup>th</sup> day	

<b>Payment via Credit Card:</b>					
Card Holder					
Card No.			Exp Date	Year:	Month
CVV (3 digits on rev.)			Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<b>We are unable to accept AMEX / Diners Club Cards</b>			Debit Date:	<input type="checkbox"/> 1 <sup>st</sup> day	<input type="checkbox"/> 15 <sup>th</sup> day

**Please note: Due to increasing fraud, should you opt for payment via credit card, we will require you to come to Interprise's offices with the credit card and your ID book for verification.**

<b>Direct Deposit (applicable to once off fees, biannual and annual billing only) – Proof of payment to be included</b>					
Account Holder	Interprise (Pty) Ltd	Account No.	1284 017 397		
Bank Name	Nedbank	Branch No.	128405		
Branch Name	Business Central	Account Type	Current		

**Acceptance of Terms of Service**

I, the undersigned, hereby authorise Interprise (Pty) Ltd to withdraw from my bank account / credit card as per my customer sign up form on a regular basis, the amounts as detailed above. I have read and understood the Terms and Conditions as laid out in the website [http://www.interprise.co.za/interprise\\_terms\\_conditions.htm](http://www.interprise.co.za/interprise_terms_conditions.htm). I authorize a blanket credit check, including Directors and CO's. I am aware that monthly charges are **pro rata** from the date of confirmation. I am aware that of the thirty (30) days calendar notice on cancellation.

Name:			
Date:			Signature:
Place:			
<b>If the applicant is a minor, a parent's or guardian's permission is required</b>			