



# Client Application Form

Telephone: 0861111101  
Accounts Department Email:  
[accounts@imaginet.co.za](mailto:accounts@imaginet.co.za)



## **PRIMARY CONTACT**

Title: \_\_\_\_\_ Full name: \_\_\_\_\_

Address: \_\_\_\_\_ Passport/ID number: \_\_\_\_\_

\_\_\_\_\_ Work number: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Home number: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Mobile number: \_\_\_\_\_

**Your Primary email address:** \_\_\_\_\_

## **COMPANY DETAILS**

Company Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ VAT Number: \_\_\_\_\_

**SECONDARY CONTACTS:** (Person who might need to have access to account details, i.e. spouse, child, accountant, technician, website designer, etc.)

Title: \_\_\_\_\_ Full name: \_\_\_\_\_

I.D.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_

**How did you hear about Imaginet?** \_\_\_\_\_

## **PAYMENT OPTIONS:**

### **Debit Order:**

Bank Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Account:   Cheque   Savings   Transmission

Account Number: \_\_\_\_\_

### **Credit Card:**

Bank Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Type:   VISA   MasterCard

Card Number: \_\_\_\_\_

Expires: \_\_\_\_\_ (mm/yy) CVC# \_\_\_\_\_

This application form acts as a mandate for Debit Order and Credit Card payments to be processed on the first working day of each month. Please see the final page of this application form for further details.

Should a Debit Order or Credit Card payment fail for any reason, a manual payment or EFT will be required. Any accounts with outstanding balances on the 10<sup>th</sup> of each month will be suspended until such payment has been received. A reconnection fee of R101.00 will be incurred upon reconnection of a suspended account.

## **ACCEPTANCE OF TERMS:**

I have read and understand the Terms and Conditions.

I hereby authorise you to issue and deliver payment instructions to the bank for collection against my abovementioned account at my abovementioned bank (or any other bank or branch to which I may transfer my account) commencing on the next billing date and continuing until this Authority and Mandate is terminated by me by giving you notice in writing. The individual payment instructions so authorised to be issued must be issued and delivered as follows: Payments will be processed on the first working day of each month, amount to be debited will vary each month based on the amount per invoice/statement received. In the event that the first of a month falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the following working day. I understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement and reflect the name IMAGINET. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I 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.

I acknowledge that all payment instructions issued by you shall be treated by my above mentioned bank as if the instructions had been issued by me personally.

I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I 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.

I acknowledge that this Authority may be ceded to 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.

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by electronic mail delivered to your address indicated above.

By signing and submitting this application for Imaginet services I/we agree to be bound by the Imaginet Terms and Conditions and Imaginet Acceptable Use Policy, both of which are available on the Imaginet website at [www.imaginet.co.za](http://www.imaginet.co.za) or upon request.

\_\_\_\_\_  
Authorised Signatory

\_\_\_\_\_  
Second Signature (if required)

\_\_\_\_\_  
Date (dd/mm/yyyy)