

Application for Telephone service 2017



Your local service provider

Street Address: Die Solder Building, Main Road West, STILBAAI, 6674 Postal Address: PO Box 478, STILBAAI 6674

Tel: 028 754 6222	EASYCOMS COMMUNICATIONS (PTY) LTD
Fax: 086 604 8159	Co. Reg. No.: 2006/012143/07
E-mail: support@easycoms.co.za	ICASA License no.: 0186/IECS&IECNS/JAN/09
Webpage: www.easycoms.co.za	VAT Number: 4420236244

HOW TO GET STARTED

Fill in this form in full (initial each page) and state whether you would like a single concurrent line – One phone call in or out, or if you would like a Multi-concurrent line, which means you can run more than one telephone device and receive multiple calls on one telephone number (good for businesses or homes with more than one telephone device or a receptionist, calls can be placed on hold and another call answered)

Setup and installation fee includes installing the phone on location, setup of the numbers and activation of the service, if you wish to install the device yourself this fee can be removed, the device will be setup at the EasyComs office, tested and ready for your collection.

We will issue you a local number (028 or 044) or inquire about porting your current number.

To get started you will need a IP telephone device to enable the service, we recommend Snom710 telephones, which enables you to have a record of missed calls, received calls and dialled calls on the screen, looks professional and works really well.

Alternatively if you have a cordless phone, we can install a device that will enable the phone to work, Cisco ATA, this enables standard Telkom or analog phones to work on our network.

Terms and conditions are on our website www.easycoms.co.za

Once the service is installed and working, call points are based on the pre-paid module - you make an EFT payment then send the proof of payment to support@easycoms.co.za – Call points are non-refundable but will be available to the customer as long as the monthly service fees are up to date (service is active)

Please make a note of these contact details for queries or support:

Support or General queries:

Steven Williams – support@easycoms.co.za – 028 754 6222 – 079 875 7334

Accounts :

Gerrie Deyzel – accounts@easycoms.co.za – 028 754 6222

Signature.....

CLIENT INFORMATION

CLIENT CODE: _____

Name of Applicant:	
Name of Account:	
ID or Co Registration:	
Physical Address Of Service:	
Postal Address:	
Tel:	Cell:
Current Email Address:	

<input type="checkbox"/> Multi-line @ R 355.57 p/m <u>Enables multiple calls coming through the given telephone number (one extension included, voicemail and call forwarding to cell/alternative number)</u>	<input type="checkbox"/> Single-line @ R 142.22 p/m <u>Allows one call through the given telephone number (one extension included)</u>
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Please note: the telephone service runs through the bandwidth supplied by EasyComs, if this bandwidth runs out the telephone will not function, a console will be supplied to check your bandwidth and your Call-points.

Equipment, Installation and add-ons

Snom 710 IP telephone	R 2 160.00	
5V Power Supply - 6 Watt, 1.2Amp	R 180.00	
ATA/ Analog converter	R 1 240.00	
Installation and setup of the telephone service	R 642.00	
Courier fees	R 159.00	
Additional extension (cost per month)	R 71.11	
Additional telephone number (cost per month)	R 142.22	
OTHER:	R	
TOTAL ONCE OFF COST PAYABLE ON SIGNATURE		R

The following information will be filled in once the application and creation of your telephone service is completed:

Telephone number: _____

Amount of extensions: _____

Installation or Collection: _____

Signed on this the.....day of.....2017 Signature.....

Bank Debit Order instructions



EasyComs Communications (Pty) Ltd
(2006/012143/07)

BANK DEBIT ORDER INSTRUCTIONS

Name: _____ Date: _____ Contract No: _____

Address: _____ Debit Amount: _____

Contact no: _____ Commencement date: _____

Abbreviated name as registered with the bank: **EASYCOMS**

Dear Sirs/Madams, the details of my/our account are as follows:

Bank: _____ Branch Town: _____ Branch No: _____

Account Name: _____ Account No: _____

Type of A/C _____ (Savings, Current, Transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorize 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 prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows;

- i. On the 2nd last working day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorized 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. 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 / 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.

MANDATE

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

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.

ASSIGNMENT

I / We 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.

Signed at _____ on this _____ day of _____ 20____

(Signature as used for signing Cheques)