

**SALES REPRESENTATIVE**

Name of Representative:		Pastel Account No:	
PR SMS Code:		Username:	
USSD Code:		Start Date:	
Type of Account:	Select type of account	Additional Services:	Select a service

Please fill in the form and return by fax to +27 (0) 86 759 2195 or email sales@cellfind.co.za

CELLFIND COMPANY DETAILS

Address:	142 16 th Road, Halfway House, Midrand	Postal Code:	1685
Account Name:	Cellfind (PTY) Ltd	SWIFT Code:	Absazajj
Account Number:	4058822282	Registration Details:	2003/020255/07
Branch Name:	Rivonia	VAT details:	4860210766
Branch Code:	632005		
Email:	Annette.Oosthuizen@Cellfind.co.za		

COMPANY DETAILS

Name of Company:			
Nature of Business:			
Address (Physical):		Code:	
Address (postal):		Code:	
Company Reg. No.:		VAT Reg. No.:	
Telephone No.:		Facsimile:	

BUSINESS / TECHNICAL / FINANCIAL CONTACTS

BUSINESS	Name of Contact:		
	Designation:		
	e-mail Address:		
	Telephone No.:		Mobile No.:

*This above contact will receive all related communication with regards to pricing updates, change notifications and system alerts

TECHNICAL	Name of Contact:		
	Designation:		
	e-mail Address:		
	Telephone No.:		Mobile No.:

FINANCIAL	Name of Contact:		
	Designation:		
	e-mail Address:		
	Telephone No.:		Mobile No.:

METHOD OF PAYMENT

Payment Terms: 30 days from date of invoice. Interest on overdue accounts will be charged at 9% per annum

<input checked="" type="radio"/> Debit Order Payment	Deposit Required:	
Name of Account:	Name of Bank:	
Account No.:	Name of Branch:	
Account type: <input type="radio"/> Transmission <input type="radio"/> Savings <input type="radio"/> Current	Branch Code:	
SWIFT:	IBAN:	

Electronic Funds Transfer Bank: ABSA, Branch: 160 Jan Smuts Avenue, Branch code: 63 20 05, Acc number: 405 882 2282

Payment Alert Notification: Do you require an alert?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Mobile Number	
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CANCELLATION PROCEDURE Customers making use of any of Cellfind (Pty) Ltd's systems need to provide a cancellation request, in writing, 30 days prior to the date on which the cancellation will take effect. Please send your request to Info@cellfind.co.za

Declaration

The subscriber, by signing this application, acknowledges entering into a service contract with Cellfind (Pty) Ltd and warrants that He /she / it is duly authorised to do so. He/she/it acknowledges that all information provided hereon is correct. By signing this agreement the subscriber is subject to and bound by its terms and conditions.

Signature (1)	Date
Name	Signature (2)
Designation	Name
	Designation



SERVICE DESCRIPTION

Number of Accounts		DLR Notification required	
Throughput		Once off Set up fee	R
Customer IP Address		SLA 08H00 till 17H00	R
Customer IP Address		SLA 24/7	R
Customer IP Address			

PRICING

Duration Of Contract	<input type="radio"/> monthly <input type="radio"/> 3 months <input type="radio"/> 6 months <input type="radio"/> 12 months <input type="radio"/> 24 months
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BULK SMS

Cost per SMS	R	Interface	Select Interface
PR SMS			
Monthly Subscription	R		
Tariff	Select Tariff		
Auto reply SMS cost	R		

USSD

Monthly Subscription	R
Session cost	R

LBS

Monthly Subscription	R
Cost per Location	R

OBS /EBB ONLINE BILLING

Monthly Subscription	R	OBS Tariff	R
Successful Transactions	R	OBS Tariff	R
Unsuccessful Transactions	R	OBs Tariff	R
Monthly Subscription	R		

ADDITIONAL SERVICES

Development	R
Hosting	R
Training	R
Call Centre charges	R
WASPA complaints Re-direct	R
WASPA Complaints Formal	R

COMMENTS

DECLARATION

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PAYMENT TERMS

Cellfind customers will be sent invoices no later than the 6th of the following month (for the previous months Transactions and Subscriptions for the following month. Invoices are strictly payable 30 days from date of invoice, or according to specific and mutually agreed upon payment terms. Where applicable revenue share reports are sent out by the 15th of every month and is calculated by Cellfind (PTY) LTD and will be sent to the customer on an excel spreadsheet. The customer will in turn invoice Cellfind (PTY) LTD for their revenue share portion as stipulated in the schedule.

Signature (1)		Date	
Name		Signature (2)	
Designation		Name	
		Designation	