

Insert company details here

MONTHLY VALUE (DEBIT ORDER) As per Quotation (All Amounts excl. V.A.T) Subscription Period AUTHORIZATION FOR DEBIT PAYMENTS (Copy of cancelled cheque must accomp Account Number: Bank Name: Branch Name: Branch Name: Account Type: Savings Account Name of Account Holder: PERSONAL OR COMPANY DETAILS Contact Person: Company	(All Al	off set up fee mounts excl. V.A.T) To:	Amount Sales Rep.	
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Account Type: Savings Account Name of Account Holder: PERSONAL OR COMPANY DETAILS				
Name of Account Holder: PERSONAL OR COMPANY DETAILS		Branch Code:		
PERSONAL OR COMPANY DETAILS	Ban	k Cheque Account	Transmission	n Account
Contact Person: Company				
	/ Name	e:		
Tel: (O/H) Tel/Cell:	(A/H)			
Fax: Co. Reg N	lo/ID:			
E-mail Address: www.				
Physical Address:				
Physical Address:			Code:	
Postal Address:				
Postal Address:			Code:	
AUTHORISATION				
l,, hereby give authorizar account, detailed above, their Adpro charge (as described in the 'Contract form' and	tion to terms	Melange (or their design and conditions of servi	gnated company) to ice' included) for the) withdraw from m
period for which I have applied. The first of these payments to be deducted from the				
every month for a period as described in the contract form. (Including arrears and / o	r amer	ndments that may be m	nade during the life	of the contract)
I/We Accept that I/We shall be responsible for all costs (including Attorney and client		5.5	.00	
amounts owed by me/us and shall pay interest charged on the same at prime bank radebtor for the due fulfillment of the company's obligation to Melange.	ite. I/V	Ve (the directors) do he	ereby sign as surety	and co-principle
I, the undersigned have read and understood the terms and conditions of service as I.		t on the reverse hereof,	, and the informatio	n that I have
supplied in this subscription form is, to my knowledge, true and correct in every response	ECC.			
Signature: Date:		Place:	n's pormission is	2 OF 217 20 1/2