



## APPLICATION FORM

<b>Company Trade Name:</b>	
<b>Company Registered Name :</b>	
<b>Country:</b>	
<b>Physical Address:</b>	
<b>Postal Address:</b>	
<b>Website on the Internet:</b>	
<b>Owner / Manager:</b>	
Tel or Cell nr:	
E-mail:	
Fax Number:	
<b>Contact person:</b>	
Office Nr:	
E-mail:	
Fax Number:	
<b>Accounts Contact person:</b>	
E-mail:	
Tel or Cell nr:	
Fax Number:	
<b>Company profile (shortly describe company's activities):</b>	

### Short description of the Network to Support

PC to Support	User on PC	Short description of PC
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Complete Minimal Hours to do support at your Office / location?

### Simple agreement to the support contract :

This application instructs TOI Technology to give support to the company specified on this form for the minimum hours specified above.

1. The client understands that any additional support will be charged according to the price list attached.
2. The Client understands that TOI Technology (the specific delegated administrator) will suggest changes, upgrades or repairs according to the needs of the client to own descretion. If the client needs a quotation before commencement of these changes, upgrades and repairs the client needs to ask for such a quotation. In this situation all work will be halted until written approval of such a quotation is approved.
3. The Client understands that TOI Technology will endeavor to ensure that the client receives a invoice by the 25<sup>th</sup> of each month and that the bill is due by the end of the month.
4. TOI Technology will endeavor to ensure that the client receives an invoice by the 25<sup>th</sup> of each month. This invoice will be delivered to the accounts email mailbox as specified above. The client understands that this invoice is due by the end of the same month.

A

<b>Name of Authorized Signatory :</b>		<b>Contract Commencement Date :</b>
<b>Signature :</b>		



# TOI Technology

Fax : 086 758 7737

Phone: 074 825 0533

Email : admin@toi.co.za

Customer Code :

## ISP APPLICATION FORM

<b>Company Trade Name:</b>	
<b>Company Registered Name :</b>	
<b>Country:</b>	South Africa
<b>Physical Address:</b>	
<b>Postal Address:</b>	
<b>Website on the Internet:</b>	
<b>Owner / Manager:</b>	
	Tel or Cell nr:
	E-mail:
	Fax Number:
<b>Contact person:</b>	
	Office Nr:
	E-mail:
	Fax Number:
<b>Accounts Contact person:</b>	
	E-mail:
	Tel or Cell nr:
	Fax Number:
<b>Company profile (shortly describe company's activities):</b>	

### Short description of the Network to

PC to Support	User on PC
1	
2	
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10	

**Complete Minimal Hours to do support at your Office / location?**

### Simple agreement to the support co

This application instructs TOI Technology to give support to the company specified on this form fo

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3. The Client understands that TOI Technology will endeavor to ensure that the client receives a i due by the end of the month.
4. TOI Technology will endeavor to ensure that the client receives an invoice by the 25<sup>th</sup> of each n email mailbox as specified above. The client understands that this invoice is due by the end of the



**Name of Authorized Signatory :**

**Signature :**

<b>Contract Commencement Date :</b>