

RETAIL APPLICATION



iBurst (Pty) Ltd, Johannesburg: 3012A, William Nicol Drive, Bryanston, 2021 | PO Box 651921, Benmore, 2010 | Web: www.iburst.co.za
Company Reg. No: 2004/029951/07 | VAT Reg. No: 4100219643



Tel: 087 700 8002 or 082 921 5839
E-Mail: peter@intensebb.co.za
VAT: 4140236367
CC: 2005/08774/23

authorised distributor

Please note:
If you are an **INDIVIDUAL** subscriber please fill out sections A, B, D, E, F only
If you are a **BUSINESS** subscriber please fill out sections A, C, D, E, F only

A. Individual Subscriber Details

Do you have an existing iBurst account? Yes: No: Existing Account Number:

Title: First Name: Tel:
Middle Name: Surname: Fax:
Female: Male: ID Type: SA ID document: Passport: Mobile:
ID / Passport Number: Email:

Residential Address:

Postal code:
Period at this address: years: months:

Is your postal address the same as your residential address? Yes: No:
If not, please provide your postal address:
 Postal code:

Are your premises: Owned: Leased: Board: Live with Family:

Installation / Delivery Address:

Postal code:

Employment Details

Employer's Name: Gross monthly income:
Employer's Telephone: R
Occupation:

B. Business Subscriber Details

Do you have an existing iBurst account? Yes: No: Existing Account Number:

Company: Trading as: Industry:
Company Reg No: VAT No:

Type of Business: Public Co: (Pty) Ltd: CC: Professional Partner / Inc: Government: Trust: NGO: Sole Proprietor:

Company Location: Local: International: Trading as:

Primary Contact Person:
Name:
Tel:
Fax:
Mobile:
Email:

Principal Place of Business:
Address:

Are your premises: Owned: Leased:

Is your postal address the same as your principal place of business? Yes: No:
If not, please provide your postal address:
 Postal code:

Installation / Delivery Address:

C. Payment Details

Payment method: Direct Order: Credit Card: Debit Date: 25th: Last: 1st:
Details for debit order: Bank account type: Current: Transmission: Savings: None:

Account holder: Bank:
Branch name: Branch code:
Account No:

OR credit card details:

Card Type: Master: Visa: American Express: Diners Club: CVV No:

Card Number: Card Holder Name:
Expiry: Card Holder Signature:

Preferred communication: Email: Post: None:

Date: _____ Place: _____ Signature: _____

RETAIL APPLICATION CONTINUED



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D. Service Description

Product Description	Qty	Cost	Contract Term	Product Description	Qty	Cost	Contract Term
Subtotal:				Subtotal:			
Vat:				Vat:			
Total:				Total:			

Once off Cost

Product Description	Quantity	Cost
Subtotal:		
Vat:		
Total:		

* Please note that the once off cost excludes any additional cabling.

Value Added Services

CODE		Quantity	Monthly Subscription
Subtotal:			
Vat:			
Total:			

User name and password

Please supply a username and password with six or more characters

Username (1st Choice):

Username (2nd Choice):

Preferred Password:

E. Declaration

I / We _____ (print name), the undersigned, confirm the accuracy of the information contained in this application and warrant that I / we am / are duly authorized to sign as and/or on behalf of the Subscriber. I / we acknowledge that I / we have read, explained to, understood the language used, understand the content and agree to be bound by the Subscriber Standard iBurst Wireless and Value Added Services Terms and Conditions upon signature hereof. I / we further acknowledge that the aforesaid Terms and Conditions have been made available to me, by iBurst (Pty) Ltd, as well as on the internet at www.iburst.co.za. I / we hereby instruct iBurst (Pty) Ltd to debit my / our bank account each month with the amounts which are due and payable in terms of this agreement. I am / we are aware of the non-refundable activation fee and pro-rata amount that will be debited from my/our account within two working days from signature hereof. I / we am / are aware that should I / we not instruct iBurst (Pty) Ltd to terminate or renew my long term fixed contract, 2 to 1 calendar month/s prior to its expiry, it will continue on a month to month basis until I / we advise otherwise. I / we further acknowledge that iBurst provides its service on a best effort basis. I / we hereby consent to iBurst (Pty) Ltd performing credit clearance verification.

Date: _____ Place: _____ Signature: _____

Office use only

Sales consultant: _____ Sales contract No: _____ iBurst acc No: _____

ATTACH WITH INDIVIDUAL APPLICATION

- 12-months/24-month/36-month: Copy of SA ID or Passport (for foreigners) 3 months bank statement Proof of residence
- Month-2-month: Copy of SA ID or Passport (for foreigners) 3 months bank statement Proof of residence Proof of payment for hardware

ATTACH WITH BUSINESS APPLICATION

- 12-months/24-month/36-month: Copy of Directors/ member's ID Copy of VAT Registration Cert. CK documents 3 months bank stats./ recent financials Signed order on business letterhead Company resolution / Delegation of Authority
- Month-2-month: Copy of Directors/ member's ID Copy of VAT Registration Cert. CK documents 3 months bank stats./ recent financials Signed order on business letterhead Proof of payment for hardware