

eStart Computer Services cc

Reg no: 2000/047330/23

PO Box 25712, Gezina, 0031 Pretoria

Tel (VoIP): 0877512711 Cell: 0828960378 / 0844378278 Fax: (011) 507-5576

Website: <http://www.estimate.co.za> E-mail: info@estimate.co.za

BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY

Individual / Business Name: _____
ID Number / Registration no: _____
Address: _____
Contact Tel Number: _____
Starting date: _____
Debit Amount: _____

Please debit my Bank Account Credit Card
(choose one and then complete the relevant details below):

<u>Bank Account Details:</u>	<u>Credit Card:</u>
Bank: _____	Cardholder's name: _____
Branch name: _____	Card number: _____
Branch code: _____	Expiry date (mm/yy): _____
Account no: _____	CVV _____ (last three numbers on back)
Account type: <input type="checkbox"/> Current / Cheque	Card Type: <input type="checkbox"/> Mastercard
<input type="checkbox"/> Savings	<input type="checkbox"/> Visa
<input type="checkbox"/> Transmission	
Account holder: _____	

I/we hereby request and authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of _____ (state amount in words) or any variable amount pertaining to this agreement, on the first working day of each month. This being the amount necessary for the settlement of the monthly due to you in respect of our purchases/contract/agreement dated ____/____/____.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, "instruct" and authorise your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorised here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post to PO Box 25712, Gezina, 0031, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed at _____ on this _____ day of _____ 200__

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS