

Nova Networks cc

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info@novanetworks.co.za

Products and Service Application Form

For Office Use
Account no:

COMPANY INFORMATION

Company Name (Incl Entity)	<input type="text"/>		
Registered Name (If different)	<input type="text"/>		
Registration Number	<input type="text"/>		
VAT Number	<input type="text"/>		
Postal Address:	<input type="text"/>		
	<input type="text"/>	Area:	<input type="text"/>
Physical Address:	<input type="text"/>		
	<input type="text"/>	Area:	<input type="text"/>

CONTACT INFORMATION

Authorized Signatory	Date:	<input type="text"/>
Full Name:	<input type="text"/>	
ID No.:	Function:	<input type="text"/>
Work No.:	Cell No.:	<input type="text"/>
E-mail Address:	<input type="text"/>	
Technical Contact	Date:	<input type="text"/>
Full Name:	<input type="text"/>	
ID No.:	Function:	<input type="text"/>
Work No.:	Cell No.:	<input type="text"/>
E-mail Address:	<input type="text"/>	
Accounting Contact	Date:	<input type="text"/>
Full Name:	<input type="text"/>	
ID No.:	Function:	<input type="text"/>
Work No.:	Cell No.:	<input type="text"/>
E-mail Address:	<input type="text"/>	

- The term CLIENT refers to the above company and contacts, both in this document and where referenced in the Terms of Service document (available on line).
- Changes to this agreement may only be requested by the above Contacts. It is the responsibility of CLIENT to notify Nova Networks of changes to Contact information.
- Changes to the products and services must be requested by CLIENT via email and is binding once confirmed via email by the Nova Networks account manager. No telephonic changes will be deemed binding. Kindly note the only requests that are in accordance to the terms of service will be considered.

TERMS OF SERVICE

The Nova Networks Terms of Service is a dynamic document aimed at defining the responsibilities and expectations between CLIENT and Nova Networks. It is the responsibility of CLIENT to peruse the said document. The updated copy of the Terms of Service document is available online at:

www.novanetworks.co.za/terms

ACCOUNT MANAGER

Your Nova Networks Account Manager / Primary Contact is Gerrit van den Berg. Please contact him if you wish to make any changes to, or ask questions about your service agreement with us.

You can contact your account manager in the following ways:

Cell: 0832358018

Email: gerrit@novanetworks.co.za

LOCATIONS

This agreement covers the following CLIENT locations:

Site #	Address	Phone	Contact
1			
2			
3			
4			

Critical Devices

CLIENT Critical devices refer to the following list of devices: (To be completed in consultation you're your Nova Networks sales representative)

Device	Type	Serial #	Asset #

Products and services

Nova Networks products and services can be customized to suite customer needs. Below is the order form and descriptions of products and services as requested by CLIENT.

Service Description				
Service 1				
Product	<input type="text"/>	Price	Qty	Total
Hardware	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Installation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initial Phase	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>			
<input type="text"/>				
Service 2				
Product	<input type="text"/>	Price	Qty	Total
Hardware	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Installation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initial Phase	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>			
<input type="text"/>				
Service 3				
Product	<input type="text"/>	Price	Qty	Total
Hardware	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Installation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initial Phase	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>			
<input type="text"/>				
Installation Total:		<input type="text"/>	1st Phase Total:	
		<input type="text"/>	Monthly Total:	
		<input type="text"/>	<input type="text"/>	

- The features and responsibilities of the products and services associated with the above pricing is described in the product datasheets, which is available on the Nova Networks Website.
- Any additional dispatch, support or emergency fees will be charged as per the Terms of Service agreement (available online).

Payments Instructions

Payment method

Tick the payment methods for the ordered Products and Services as described in the previous section:

Hardware : EFT Debit Order Installation : EFT Debit Order

1st Phase : EFT Debit Order Monthly : Debit Order

I understand that Installation and Hardware must be paid before any work is done .

EFT Payments to be made to: FNB Cheque, Acc: 62 303 151 237, Branch: 201210

Debit Order Instruction

Account Name: Account type

Bank Name: Current:

Account No.: Savings:

Branch Code: Other:

Are you under debt review or in debt Counseling? Yes / No

Debit order Mandate:

- This signed Authority and Mandate refers to the products and services described in this application form and the Terms of Service available at www.novanetworks.co.za/terms. I/we the CLIENT, hereby authorise Nova Networks to issue and deliver payment instructions to the bank for collection against my abovementioned account at my above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in this Application Form and accordance with the rates and conditions as referenced in the Terms of Service agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated in accordance with the above mentioned Term of Service..
- I understand that the withdrawals hereby authorised will be processed through a computerized system, and that details of each withdrawal will be reflected on my bank statement with a customer reference number that will correlate to the customer number found on my invoices.
- I shall not be entitled to any refund of amounts which Nova Networks have withdrawn while this authority was in force, if such amounts were legally owing to Nova Networks.
- Payment will take effect on the last day ("payment day") of each and every month commencing on date of signature of this mandate. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, the Debit collecting company is entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.
- I acknowledge that this Authority and Mandate has been ceded to Sage Pay (Pty) Ltd as per Nova Networks' agreement with Sage Pay (Pty) Ltd, and in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

By signing this document I/We confirm that:

- The information provided to Nova Networks on this form is true and correct;
- I understand that I have entered into a Product and Service agreement with Nova Networks and that Nova Networks' Terms of Service, (available at www.novanetworks.co.za/terms) govern our dealings, and CLIENT will be bound to said terms.
- I agree that Nova Networks may conduct a credit search on CLIENT in order to approve the application;
- I confirm that I am an authorized company signatory for CLIENT, and that I am authorised to sign and order the products and services described in this application, by the members/directors of CLIENT.

Client / Authorized signatory signature

Print Name:

Date

Signed at: