

**FULL PARTICULARS OF CUSTOMER** 

## .Access .Mac .Net .PC .Web

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## **DEBIT ORDER ACCOUNT FORM**

Name of company, close corporation , partnership or individual			
Registration or ID number			
VAT Number			
Contact Name			Job Title
e-mail address			
Office Number	Code		
Fax Number	Code		
Cell number			
Physical address			
Postal address			
YOUR BANKING DETAILS			
Account Name			
Bank Name			
Branch			Туре
Account Number	Branch		ch Code
SOS Wah Sarvisas es is hard	av authori	and to arrange with my bank or bu	ilding society to collect the monthly

SOS Web Services cc is hereby authorised to arrange with my bank or building society to collect the monthly subscription rate against my bank or transmission account (wherever it may be) in terms of a debit order Debit Orders are drawn on the 1<sup>st</sup> working day of the new month.

## **TERMS**

I understand and agree that any rejected debit order (for whatever reason) will be added to the following months bill and include an administration/recovery fee of R228.00 including VAT.

I, the below signed hereby warrant that I am authorised to enter into this agreement and accept the standard conditions of business and indebtedness of SOS Web Services cc unconditionally.

Name in Print	Designation	Date	Signature