



Please complete the form below and fax to: **Zazu Internet 086-682-1388**

W39-BUSS

Preferred Username: Preferred Password: Preferred Email Address: Existing Email Address:		Business Access	OPTION I:	R129/month
			OPTION II:	R159/month
			OPTION III:	R199/month
			OPTION IV:	R279/month

Co Name(s):	
Co-Reg No:	
Office Telephone:	
Cellular Contact Number:	
Address :	
Code:	

Bank:							
Branch Name:							
Branch Code:							
Account Number:							
Type of Account:	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Cheque</td> <td style="width: 25%;"></td> <td style="width: 25%;">Savings</td> <td style="width: 25%;"></td> <td style="width: 25%;">Transmission</td> <td style="width: 25%;"></td> </tr> </table>	Cheque		Savings		Transmission	
Cheque		Savings		Transmission			

I/We hereby "instruct and" authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which we may transfer my/our account) "the amount necessary for payment of the monthly subscription due in respect of the abovementioned agreement" on the 1st day of each and every month, or the first business day of each and every month, commencing on / / 2005 and continuing until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I/We agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving you 30 (thirty) calendar days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may cede or assign any of its rights to any third party without my/our prior written consent 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. I agree to the Zazu Terms & Conditions as published on : www.zazu.co.za

Signed at:	
Date:	
Signature:	
Assisted By:	