

Tel: (013) 712 7589 / 087 351 8062

Fax: 086 551 3944

Email: info@kcsisp.co.za

P.O. Box 1057

BARBERTON

Home Broadband

1300

Barberton, Nelspruit, Rocky Drift, Whiteriver, Plaston, Spioenkop, Sabie

Wireless Internet

	Арр	lication for 1	2 Month Term - KCS Internet	Servi	ces Agreement.				
			SUBSCRIBER DETAIL	LS					
COMPANY	NAME: (if applicable)								
CONTACT	NAME:								
I.D. No. or (COMPANY REG. No:								
OCCUPATI	ON/BUSINESS TYPE:								
V.A.T. NUM	IBER (if applicable)								
WINDOWS	VERSION:								
POSTAL AI	DDRESS:			PHYS	PHYSICAL ADDRESS:				
							T		
Tel: (O)		(H)		Cell:			Fax:		
ACCOUNT	No. For admin use)	E-MAIL:							
		12 N	MONTH SUBSCRIPTION CO	NTRA	CT				
		SUBSC	RIPTION DETAILS (Please tick	option	required)				
Wireless Uncapped 12 Month Options : Best Effort, Recommended for Home Use							R	Rates	/
1024kbps Broadband Wireless Uncapped – Connect between 825kbps to 1150kbps Best Effort							R 299.00		
2048kbps Broadband Wireless Uncapped – Connect between 1725kbps to 2178kbps Best Effort							R3	399.00	
4096kbps Broadband Wireless Uncapped – Connect between 3525kbps to 4178kbps Best Effort							R 5	599.00	
6144kbps Broadband Wireless Uncapped – Connect between 5525kbps to 6178kbps Best Effort							R 6	699.00	
	IF You Need a Package v	vith a Higher I	Download or Upload refer to our	Advan	ced Packages				
			Installation						
Standard Installation: One connection cable 20m to 1 PC or Nearest Switch No WIFI Router							R 1499.00		
Advanced Installation: One connection cable 20m to WiFi Router Includes Standard WiFi Router							R 1999.00		
Transfer to KCS ISP (Client provides all equipment, KCS Will first inspect all equipment)							R 5	550.00	
Add on to Standard or Advanced Installation - Extra Long Mast 6M + 6M Mast Bracket							R 4	450.00	
Upgrade to Advanced Installation – High Gain WiFi Router							R 4	400.00	
Add on to Standard or Advanced Installation – AC Power Beam Or Ligowave Antenna							R 5	550.00	
The above packages are uncapped, unshaped, unthrottled & is subject to a Fair usage Policy.						у.			
		All 12 mo	nth agreements are subject to	o a de	bit order.	,			
	ALL FAILED DEBIT	ORDERS O	OR PAYMENTS WILL BE CH	ARGE	ED R100 RECON	NECTIO	ON FE	E	
Signed		Name			Date				



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1300

BANK ACCOUNT NAME: BRANCH NAME & TOWN: BRANCH CODE: ACCOUNT NUMBER: ACCOUNT TYPE: REFERENCE (for KCS use only) I/We hereby request, instruct and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which lives may transfer my/our account the sum of R (& amount in words) which lives may transfer my/our account the sum of R (& amount in words) which lives may transfer my/our account the sum of R (& amount necessary for the monthly premium due in respect of the abovementioned agreement on the (1st)(7s) (15s) (25s). All such withdrawals form my/out bank account by you shall be treated as though they had been signed by me/us personally. I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the ABC Magnetic Trage Service, and I also understand that the 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 ms be cancelled by me/us by giving one month's calendard notice in writing, sent by prepad post of fax, but understand that live shall not be entitled to any refund of amount which you have withdrawn while this authority is in force if such amount were legally owing to you. Except of this instruction by you shall be regarded as receipt thereof by our bank (whilehover it is or will be processed by our bank (whilehover it is or will be understand that live shall not be entitled to any refund of amount which you have withdrawn while this authority is in force if such amount were legally owing to you. Except the processed of the magnetic months of your bank (whilehover if is or will be processed by your bank (whilehover if is or will be processed and that it were an	DEBIT ORDER DETAILS							
BANK: BRANCH CODE: CACOUNT NUMBER: ACCOUNT NUMBER: ACCOUNT TYPE: REFERENCE (for KCS use only) I/We hereby request, instruct and authorize you to draw against my/our account with the abovementloned bank (or any other bank or branch to which live may transfer my/our account) the sum of R. The amount necessary' for the monthly premium due in respect of the abovementloned agreement on the (1 th)(7 th) (15 th) (25 th). All such withdrawals form 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 suthorized will be processed by computer through a system known as the ABC Magnetic Tape Service, and I also understand that the details of each withdrawal will be princed on my bank statement or on an accompanying voucher. I/We agree to pay any bank charges relating to this debt or instruction. This authority may be cancelled by me'us by giving one month's calendar notice in writing, sent by prepaid post of fax, but live understand that live shall not be entitled to any refund of amount which you have withdrawn while this authority is in force if an authority may be cancelled by me'us by giving one month's calendar notice in writing, sent by prepaid post of fax, but live understand that live shall not be entitled to any refund of amount were legally as a strength of the subtricted party. SIGNATURE AS USED FOR SIGNING CHEQUE Terms & Conditions	SUBSCRIBER NAME: Company Name (if applicable)							
BRANCH NAME & TOWN: BRANCH CODE: ACCOUNT NUMBER: ACCOUNT NUMBER: ACCOUNT NUMBER: ACCOUNT NUMBER: ACCOUNT TYPE: REFERENCE (for KCS use only) I/We hereby request, instruct and authorize 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 R. the amount necessary for the monthly premium due in respect of the abovementioned agreement on the (1*i)(7*i) (15*i) (25*i). All such withdrawals from my/our bank account by shall be treated as though they had been signed by merius personally. If we understand that the withdrawals hereby authorized will be processed by computer in the privation of the abovementioned agreement on the (1*i)(7*i) (15*i) (25*i). All such withdrawals hereby authorized will be processed by computer through a system known as the ABC Magnetic Tape Service, and I also understand that the details of each withdrawal will be privated on my bank statement or on an accompanying voucher. I/We agree to pay any bank charges relating to this debit order instruction. The amount were legally lowing to you. Receipt of this instruction by you shall be regarded as receipt thereof by our bank (whichever it is or will be). ASSIGNMENT: I/We acknowledge that the party herby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights on any third party without 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 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 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 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 and that I/We may not delegate any of my	BANK ACCOUNT NAME:							
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<u> </u>	and the installation amount will NOT be paid back to the client to redeem expected. Home Broadband packages are not recommended for VOIP Services.	penses.						

I have read, understood an accepted the Terms and Conditions of this agreement, and am aware of the pre-requisites.

SIGNATURE:

DATE: _____