

Please **e-mail** the Completed Application form to nico@electrolog.com or **Fax** it to **+27(0)12-327 6211**

autocosmos

BIZ



Application Form

Thank you for choosing Autocosmos.biz' Electrolog!

This application form will ensure that we have all the information required to create a new account for you. This helps avoid delays in getting your account activated and any possible or future misunderstandings or discrepancies. The service contract is supplied on the Update DVD and its full content is then binding when accepted on installation. Autocosmosbiz reserves the right to make changes to the contract from time to time. It is therefore up to you the subscriber/user of the Electrolog to make sure you read and understand its content on the installation of each update.

The information supplied below will be verified and you will be advised of anything that may need clarification or amendment.

| | | | |
|-------------------------------|----------------------|--|---|
| Company Name: | <input type="text"/> | Trading as: | <input type="text"/> |
| Company Registration Number: | <input type="text"/> | Legal Status of Company i.e. (Pty) Ltd, CC, etc | <input type="text"/> |
| Postal Address: | <input type="text"/> | Physical Address: | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| Code: | <input type="text"/> | Code: | <input type="text"/> |
| Telephone: | <input type="text"/> | VAT Number: | <input type="text"/> |
| Cellular: | <input type="text"/> | E-mail address: | <input type="text"/> |
| Contact Person - Accounts: | <input type="text"/> | Contact Person – Electrolog/IT: | <input type="text"/> |
| Number of users and Branches: | <input type="text"/> | Payment Method (Tick Applicable): | <input type="checkbox"/> Monthly (Debit Order) <input type="checkbox"/> Annually (x11 months) |
| | <input type="text"/> | | |

Details of Owners/Directors/Partners/Members:

| Full Names and Surname: | Street/Home Address: | ID Number: |
|-------------------------|----------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> | <input type="text"/> |

Trade References:

| Company: | Telephone: |
|-------------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> |

This report compiled by authorized official:

Name: Designation:

I, the undersigned, hereby certify that all the information supplied is deemed to be true and correct. I declare that I am fully authorized to sign on behalf of my company. I further more declare that when installing or using the Electrolog, I will read and agree to the Service Contract and Terms and Conditions. The Service Contract and Terms and Conditions are available on our website. By default, all users are online, not DVD. If I do not agree I have the right to cancel the subscription, before the Electrolog is loaded or used online, and reverse this contract. Cancellation must be communicated to Autocosmosbiz (Pty) Ltd in writing, within 7-days of receiving the DVD or online Usernames. I Understand that, if this application is accepted, this is a 24 month Contract and that Autocosmosbiz (Pty) Ltd is entitled to increase its subscription, and if applicable advertising rates, to the Electrolog annually.

Signed at _____ (**Town Name**) on this _____ day of _____ 20 _____

X

Witness

X

Signature of authorized official

Company Stamp

X

UID (Unique ID)

AUTO001

I/we instruct Grobank to:

- Start a new Debit Order Instruction
- Change my/our existing Debit Order Instruction
- Remove Debit Order Instruction

A. PERSONAL DETAILS

Full Name(s) and Surname:

Physical Address:

Postal Code:

Contact Details: (Home)

(Work)

(Mobile)

B. DEBIT ORDER DETAILS

Debit Order Amount: **R**

(Amount in words)

Debit Order Day:

Debit Order Start Date:

Debit Order End Date:

Beneficiary Account Number: 200 00 16 777 9

C. BANK DETAILS

Name of Account Holder:

Name of Bank:

Name of Branch:

Branch Code:

Account Number:

Account Type:

D. AUTHORISATION

I/We hereby instruct and authorize you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly installment/premium due in respect of the above mentioned agreement/insurance. 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 authorized will be processed through a computerized system provided by Grobank Limited and I/We also understand that details of each withdrawal will be printed on my bank statement.

I/We agree to pay any bank charges relating to this debit order instruction. This authority may be canceled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amount which you withdraw while this authority was in force, if such amount were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is of will be).

Signed at:

on this

day of

20 .

Signature: