



eStart Computer Services cc

Reg no: 2000/047330/23

PO Box 61938, Pierre van Ryneveld, 0045, Pretoria

Tel: 0828960378 Fax: (011) 507-5576

Website: <http://www.estimate.co.za> E-mail: info@estimate.co.za

BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY

(Please complete both pages and sign the second page)

Individual / Business Name: _____
 ID Number / Registration no: _____
 Address: _____
 Contact Tel Number: _____
 Starting date: _____
 Debit Amount: _____
 Date: _____
 Contract number: _____
 Our abbreviated name as registered with the bank (will appear on bank statements) **E START**

Please debit my Bank Account Credit Card
 (choose one and then complete the relevant details below):

<u>Bank Account Details:</u>	<u>Credit Card:</u>
Bank: _____	Cardholder's name: _____
Branch name: _____	Card number: _____
Branch code: _____	Expiry date (mm/yy): _____
Account no: _____	CVV _____ (last three numbers on back)
Account type: <input type="checkbox"/> Current / Cheque	Card Type: <input type="checkbox"/> Mastercard
<input type="checkbox"/> Savings	<input type="checkbox"/> Visa
<input type="checkbox"/> Transmission	
Account holder: _____	

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our 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 / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

On the first day ("payment day") of each and every month commencing on _____. 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, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

(continued on next page)



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I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. 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.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

Assisted by: _____

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: _____