



## Fax2Email Solutions

### Outbound Application Form

Name of Company or Close Corporation, or Partnership, or Individual			
Registration No. or ID No.		VAT Registration No	
Admin Person Responsible for Account		Job Title	
E-mail Address		Work number	
Cellphone Number		Fax number	
Alternative Person Resp for Account		Job Title	
E-mail Address		Work Number	
Cellphone Number		Fax Number	
Technical Contact Name		Job Title	
E-mail Address		Work Number	
Cellphone / Pager Number		Fax Number	
Physical Address			
Postal address			
Monthly Payment Method (Please delete where applicable)	Debit Order / Cheque / Electronic Transfer		
Email Address 1			
Email Address 2			

If there are more than two Email Addresses please attach on a separate Excel Sheet. For Debit Order purposes please find attached a Debit Order Form. THE CUSTOMER HEREBY AGREES THAT ALL SERVICE/S PROVIDED PURSUANT TO FAXFX'S ACCEPTANCE OF THIS APPLICATION FORM WILL BE SUBJECT TO THE TERMS AND CONDITIONS ATTACHED (REFER TO "www.FaxFX.net/terms.htm", WHICH TERMS AND CONDITIONS ARE EXPLICITLY INCORPORATED INTO AND FORM AN INTEGRAL PART OF THIS AGREEMENT BETWEEN FAXFX AND THE CUSTOMER. THE CUSTOMER ALSO HEREBY AGREES THAT HE HAS READ AND CLEARLY UNDERSTANDS THE TERMS AND CONDITIONS AS STIPULATED.

Signed on behalf of Customer, duly authorised	Signatory's Name	Signatory's Designation (Director/Member/Partner)	Date
Witness	Witness Name		Date

**Banking Details** Fax Effects (Pty) Ltd. Reg No.2005/003603/07 Standard Bank, Florida Rd. Branch Code 042726, Account Number????????????? Fax 086 600 0001, e-mail: info@FaxFX.net  
 140 Western Services Road, Momentum Office Park, Cypress Place, Woodmead, 2128

<b>For Office Use Only</b>			
FaxFX -Signature		FaxFX -Name	Date
Prepaid (Deposit) R		Agents Name	
Postpaid (Deposit) R		Agents Signature	
Postpaid (No Deposit) R		Administrator Login	



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### Rate Sheet

Rate Sheet

Charge per minute	Description	

(Please note this form is a "Draft Resolution" and must be completed and signed on the Company's Letterhead)

## DRAFT RESOLUTION

OF THE DIRECTORS OF \_\_\_\_\_ (PTY) LTD

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RESOLVED THAT:

\_\_\_\_\_ is hereby authorized to sign the agreement

Between \_\_\_\_\_ (Pty) Ltd and FaxFX

Dated \_\_\_\_\_ 2005.

\_\_\_\_\_  
Name of Director/Member, etc.

\_\_\_\_\_  
Designation

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Name of Director/Member, etc.

\_\_\_\_\_  
Designation

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Name of Director/Member, etc.

\_\_\_\_\_  
Designation

\_\_\_\_\_  
SIGNATURE

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## DEBIT ORDER INSTRUCTION

From: (Name of Debtor) \_\_\_\_\_  
 (Address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To: **FaxFX**

140 Western Services Road, Momentum Office Park, Woodmead, 2128

Dear Sirs

AGREEMENT DATED \_\_\_\_\_  
 The details of my/our bank account are as follows:

BANK \_\_\_\_\_  
 BRANCH NAME AND TOWN \_\_\_\_\_  
 BRANCH NUMBER  

--	--	--	--	--	--	--	--

ACCOUNT NUMBER  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT: / CURRENT (CHEQUE) / SAVINGS / TRANSMISSION  
 (Delete Where Not Applicable)

We hereby instruct and authorise 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 amount necessary for payment of the monthly installment due in respect of the abovementioned agreement on the 7th day of each and every month commencing on \_\_\_\_\_ 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 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 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 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 not 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.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_

Duly Authorised Signature \_\_\_\_\_ Witness \_\_\_\_\_

Please Note: In the case where more than one signature is required to sign on the account, please add the additional signature/s after duly authorised signature.