

From: Kerrie Gregoriou

Company: Autocosmos.biz (Pty) Ltd

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Website: www.autocosmos.co.za

Attention: _____ **To (Company Name):** _____

Tel: () **Fax:** ()

RE: Autocosmos.biz - Electrolog Application Form...

Please fill in:

Necessary Information required of the computer that will run the electrolog:

1. Operating System (Win 2000, XP Prof, Vista, Seven or Linux): _____
2. Ram (Random Access Memory – 512MB, 1G, etc): _____
3. CPU (Central Processing Unit – Pentium V 2.2, etc): _____
4. Size of hard-drive and free space (100G-500G free): _____

Computer's minimum requirements: Pentium V/1.8Gig and upwards; 4Gig Hard Drive space; 512MB Ram; Windows XP, Vista, Seven or Linux; DVD drive; Keyboard; VGA screen and mouse.

"No" Internet Connection is required.

Users and associations of Electrolog Include:



electrolog

autocosmos
BIZ

Kerrie Gregoriou
B.Com (Marketing)
Managing Director

Dean Berriman
Manager

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PO Box 8065, Pretoria, 0001 (212 Soutter Street, Pretoria West, 0183)

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

Details of Owners/Directors/Partners/Members:

Full Names and Surname:	Street/Home Address:	ID Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Trade References:

Company:	Telephone:
1. _____	_____
2. _____	_____

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 the Electrolog I will read and agree to the Service Contract presented. If I do not agree, I have the right to cancel the setup before the Electrolog is loaded and reverse this contract. Cancellation must be communicated to Autocosmosbiz (Pty) Ltd in writing, within 7-days of receiving the DVD. 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 _____ 200 _____

X

Witness

X

Signature of authorized official

Company Stamp

X

Debit Order Instruction

Name of Debtor: _____ (Your Account Name)

Address: _____

_____ Code: _____ Date: ____/____/200__.

To: The South African Bank of Athens Limited
116 Marshall Street
Johannesburg

Dear Sirs,

To Bank of Athens Account Number: 20000167779

The Details of my account are as follows:

Bank: _____

Branch: _____

Branch No.: _____

Acc No: _____

Type of Account: Current (Cheque) Savings Transmission

I/We hereby request, "instruct" and authorise 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 sum of

R **353, 40** (**Three Hundred and Fifty Three Rand and Forty Cents**) "the amount necessary for payment of the monthly instalment due in respect of the above mentioned agreement"

on **7** day of each and every month commencing on **07 / / 20** and continuing. All such withdrawals from my/our bank account by you shall be treated as though they have been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as ACB Magnetic Tape Service 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 cancelled by me/us by giving you thirty days notice in writing, sent by registered mail, 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).

Signed **X** _____ at _____ on this ____ day of _____ 200__

Full Names of Signatory/ies: _____
