

ALTO Network Communications (PTY) LTD

ADSL Data Only Application Form



Section A - Organization / Individual Applying for an ADSL Data Package			
Name & Surname:			ID / Passport Number:
Company Name:	Company Reg. Number:	VAT Reg. Number:	
Postal Address:			
Postal Address:			
Phone Number (w):	Phone Number (h):		
Fax Number:	Cell Number:		
Current Email Address:			
Section B - ADSL Services Required and Login Details			
ADSL Services required: (Access Username will be server assigned)	<input type="checkbox"/> Pay as you go	<input type="checkbox"/> 5 GB Cap Shaped	
	<input type="checkbox"/> 1 GB Cap Shaped	<input type="checkbox"/> 10 GB Cap Shaped	
	<input type="checkbox"/> 2 GB Cap Shaped	<input type="checkbox"/> 4 GB Cap Un-Shaped	
	<input type="checkbox"/> 3 GB Cap Shaped		
Email Address that you wish to use: (Please supply 3 alternatives in order of preference)	a)	@altonet.co.za	
	b)	@altonet.co.za	
	c)	@altonet.co.za	
Password that you wish to use: (Minimum of 6 alphanumeric characters)			
ADSL Restrictions:			
To provide all ADSL customers with a reasonable service traffic transfer limits have been introduced as part of the Internet service to ensure that power users do not abuse the ADSL network. Once a customer exceeds his traffic allowance limit for the month his ADSL line will be suspended until the end of the month or until he purchases additional traffic transfer for that month. On the shaped ADSL service International traffic is shaped to ensure that bandwidth hungry applications such as peer-to-peer including Kazaa, Fastrack, Napster & Pop3 etc. do not adversely affect other applications. This does not apply to the un-shaped service. By completing an ADSL application form you acknowledge these conditions and accept that there are also no guarantees of uptime or speed for the ADSL service and that Telkom will reset the ADSL connection at least once per day and will assigned a new IP address daily.			
Section C - Billing Information			
Payment Method:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Order		
Please Complete If Paying By Credit Card:			
Credit Card Type:	<input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Diners		
Name of Cardholder:			Credit Card Number:
Expiry Date: (MM/YYYY)			CVV Number: (Last 3 digits on the back of your Credit Card)
Please Complete If Paying By Debit Order:			
Account Holders Name:			Bank Name:
Branch:			Branch Code:
Account Number:			Account Type: <input type="checkbox"/> Cheque <input type="checkbox"/> Savings
<p>I/ We hereby request, "instruct" and authorise ALTO Network Communications (PTY) Ltd 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 subscription/ premium due for services rendered in respect of web hosting, dedicated server rental, leased line access or any other service requested by myself from ALTO Network Communications (PTY) Ltd on the 26th day of each month and every month commencing on.....and continuing (as the case may be.) All such withdrawals from my/our bank account by ALTO Network Communications (PTY) Ltd shall be treated as though they had been signed by me/us personally.</p> <p>This authority may be cancelled by me/us by giving 30 days written notice, sent by registered mail or fax to ALTO Network Communications (PTY) Ltd, but I/we understand that I/we shall not be entitled to any refund of amounts which ALTO Network Communications (PTY) Ltd have withdrawn whilst this authority was in force if such amounts were legally owing to them.</p> <p>Receipt of this instruction by ALTO Network Communications (PTY) Ltd shall be regarded as receipt thereof by my/our bank (whichever it is or will be).</p>			
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 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.			
Signature: _____	Date: ____/____/____		ISP Number: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
By completing this form, you hereby confirm that you have read and agree to ALTO Network Communications (PTY) Ltd Terms & Conditions and Acceptable Use Policy (AUP) Please fax completed form to (011) 477-0134 along with a copy of your ID Book or Company Registration Document.			