

Kindly complete & fax to: 0861 505 000

Tel: 0861 300 800



## APPLICATION FOR AN ATLANTIC BLUE DSL ACCOUNT

### Details:

Title: \_\_\_\_\_ Telephone H: \_\_\_\_\_  
Surname: \_\_\_\_\_ Telephone W: \_\_\_\_\_  
First Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
I D Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Company: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_ @atlantic.co.za 3 - 12 Characters  
Alternative E-mail Address: \_\_\_\_\_ @atlantic.co.za 3 - 12 Characters  
User Password: \_\_\_\_\_ 6 - 8 Characters

Prices exclude VAT (Subject to change) Telkom Fees NOT included, setup costs of R 500.00.  
Please select one of the following:

<b>Blue ADSL (Shaped)</b>	ADSL 2GB	R	150.00	<input type="checkbox"/>
	ADSL 3GB	R	199.00	<input type="checkbox"/>
	ADSL 5GB	R	350.00	<input type="checkbox"/>
	ADSL 10GB	R	700.00	<input type="checkbox"/>
	ADSL 20GB	R	1 270.00	<input type="checkbox"/>

### Banking Details:

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Branch Name: \_\_\_\_\_  
Branch Number: \_\_\_\_\_  
Account Type: Cheque[ ] Transmission[ ] Savings [ ]

I \_\_\_\_\_ (Full Name) hereby authorise

Atlantic Broadband (Pty) Ltd to debit my bank account for the services rendered. I confirm that the above mentioned information is true and correct. I acknowledge that my Atlantic account may only be used subject to the Services Agreement Terms, which are available on request.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date