



APPLICATION FOR AZAFRICA INTERNET SERVICES

PERSONAL DETAILS

Title:	Surname:	Business Telephone No:
First Name(s):	Home Telephone No:	
Cell No:	Date of Birth:	
Fax No:	ID/Passport No:	
Physical Address:	Company Name:	
P.O. Box:		

AZAFRICA SERVICES

	Monthly N\$			Annually N\$			Features
	Silver	Gold	Platinum	Silver	Gold	Platinum	
WEB DEVELOPMENT	495 <input type="checkbox"/>	995 <input type="checkbox"/>		4950 <input type="checkbox"/>	9950 <input type="checkbox"/>		Silver: Five page website, Online marketing Gold: Ten page website, Online marketing, CMS
WEB HOSTING	99 <input type="checkbox"/>	149 <input type="checkbox"/>	199 <input type="checkbox"/>	999 <input type="checkbox"/>	1499 <input type="checkbox"/>	1990 <input type="checkbox"/>	Silver: 100 MB disk space, 5 e-mails, FTP access, 20 MB per mail quota, 500 MB monthly data traffic, 1 database Gold: 200 MB disk space, 10 e-mails, FTP access, 40 MB per mail quota, 1500 MB monthly data traffic, 2 database Platinum: 400 MB disk space, 20 e-mails, FTP access, 70 MB per mail quota, 2500 MB monthly data traffic, 4 databases
WEB MAINTENANCE	495 <input type="checkbox"/>	995 <input type="checkbox"/>	1495 <input type="checkbox"/>	4950 <input type="checkbox"/>	9950 <input type="checkbox"/>	14950 <input type="checkbox"/>	Silver: Up to five changes per month Gold: Up to ten changes per month Platinum: Up to 30 changes per month
INTERNET ACCESS	175 <input type="checkbox"/>						Based on 24 months subscription 500 minutes free of charge 153 Kbps line speed
ONLINE MARKETING	995 <input type="checkbox"/>						Monthly based subscription service for: eBooks Affiliate programs Search engine optimization Landing pages Pay per click
DOMAIN REGISTRATION				Silver 295 <input type="checkbox"/>	Gold <input type="checkbox"/>	Platinum <input type="checkbox"/>	Free Domain Registration with Gold and Platinum packages

AZAFRICA E-MAIL SUBSCRIPTION (Fill in preferred e-mails)

Select an address ranging between 3 and 8 characters, starting with a letter. E-mails will read (e.g.) name@yourcompany.com

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PAYMENT DETAILS

Bank Name:	Account Holder:
Account No:	Branch Name / Code:
Account Type: Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings <input type="checkbox"/> Preferred payment date <input type="checkbox"/> 1st <input type="checkbox"/> 15th	

I,(full name) hereby authorize AZAFRICA to debit my account for services rendered.

I confirm that the information is true and correct.

Signature of Applicants Date