



Vox Application Form

Dealer/Sponsor number
(the person who introduced you.)

504079

Register as: <input type="checkbox"/> Customer	<input type="checkbox"/> Dealer	Type: <input type="checkbox"/> Individual	<input type="checkbox"/> Company	Date: _____
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Contact Details Initials: _____ Title: Mr Mrs Miss Dr

First Name _____ Last Name _____

Tel (H) _____ Tel (W) _____

Cell _____ Fax _____

ID/Passport Number _____

Email _____

Company Details (Only applicable if registering as a business entity.)

Company Name _____

Trading as _____

Reg No _____ CC: Pty (Ltd) Sole proprietor Trust

Vat Registered: Yes No Vat Number: _____

Address Details

Physical

Province _____ City _____ Suburb _____ Code _____

Postal

Province _____ City _____ Suburb _____ Code _____

Delivery

Province _____ City _____ Suburb _____ Code _____

Banking Details Account type: Savings Cheque Transmission Credit Card

Bank _____ Branch _____ Branch Code: _____

Account Holder _____ Account Number: _____

Income Tax Number (If registering as a dealer) _____ How would you like to pay? Debit Order Credit Card Type: Visa Mastercard

Credit Card Number _____

CVV Number (Last 3 digits on back of card) _____ Expiry Date (MM/YY) _____

I hereby grant Vox Telecom (Pty) Ltd authority to debit my/our account with amounts payable by me/us.

Terms and Conditions
I hereby acknowledge that I have read and understood all of the conduct rules and policies as outlined in the terms and conditions on the Vox website (www.vox.co.za) and agree and accept that they form part of this agreement.

Signed at _____ Date _____ Applicant's Signature _____

Fax the signed application form to: 086 604 9696

To register as a dealer and also order a phone tick both the customer and dealer tick boxes