MetroFibre

Reseller Application Form

Company Information

Registered Company Name

Trading Name

Company Registration No.

Vat No.

Physical Address

Postal Address

Website Address

Email Address

Accounts Payable Details [Please note that all billing correspondence will be sent to the contacts provided below]

Accounts Contact Person 1

Name

Contact. No

Alternate Contact No.

Email Address

Accounts Contact Person 2

Name

Contact No.

Alternate Contact No.

Email Address

Trade References [Minimum of 3]

REFERENCE 1

Company Name

Account Ref.

Contact Person Name & Surname

Contact Tel. No.

Contact Email Address

REFERENCE 2

Company Name

Account Ref.

Contact Person Name & Surname

Contact Tel. No.

Contact Email Address

REFERENCE 3

Company Name

Account Ref.

Contact Person Name & Surname

Contact Tel. No.

Contact Email Address

Required Documentation

Please ensure that this application is signed and completed in full.

The following supporting documentation must be attached hereto: -

- SARS Clearance Certificate
- Copy of ICASA License
- Signed Master Service Agreement *(each page to be initialed)*
- Signed Service Level Agreement (*each page to be initialed)*

I/We hereby authorize Metro Fibre Networx (Pty) Ltd to furnish credit information concerning myself / ourselves to any credit bureau, or to any credit provider seeking trade references, and to request, information concerning myself / ourselves from any credit bureau or any credit provider in order for Metro Fibre Networx (Pty) Ltd to conduct a credit assessment or affordability assessment in respect of myself / ourselves.

NB: Should the application not be approved following management review, the applicant will be required to either provide the most recent management accounts and audited annual financial statements for further review, OR, pay a deposit as determined by management.

I/We hereby certify that all above information is correct and accepted.

COMPANY REPRESENTATIVE

Full Name and Surname

Designation

Date

Signature