



The Wizard Computer Services

[www.the-wizard.co.za](http://www.the-wizard.co.za)

Fax: 086 557 0741

Falgnon Trading cc

PO Box 131262

Northmead  
1501

[erroll@the-wizard.co.za](mailto:erroll@the-wizard.co.za)

Cell: 078 121 2612

[connect@the-wizard.co.za](mailto:connect@the-wizard.co.za)

**ADSL Line Registration / Transfer Form**

A Personal Details			
Contact Name		Company Name	
ID Number		Registration Number	
Telephone Number		Fax Number	
Cell Number		Email Address	
Postal Address		Physical Address	
Postal Code:		Postal Code:	

B Banking Details (All fields required)			
Bank			
Branch & Town		Branch Number	
Account Number		Account Holder	
Account Type			

C ADSL Line Details			
Mark with an X:	New Line?	<input type="checkbox"/>	Transfer of Existing Line?
		<input type="checkbox"/>	
Line Type: (Mark with an X)			
Up to 384K		<input type="checkbox"/>	(at R 139.00 p/m)
Up to 512K		<input type="checkbox"/>	(at R 297.00 p/m)
Up to 4096K		<input type="checkbox"/>	(at R371.00 p/m)

(Please note that a Debit Order to "iSAT "will be established against your bank account for the cost of the line chosen above.)

(For more information about "iSAT", please visit their website: [www.isat.co.za](http://www.isat.co.za) or call them on **086-123-4728**)

On which Telkom telephone number must the ADSL be activated / transferred?	
Line Owner:	
Physical address of line:	

**NOTE: The telephone number provided must be an active normal telephone line. Orders done on telephone numbers linked to ISDN/pre-paid/DDI services/connected to PABX cannot be processed and the same applies to cases where the provision of the normal telephone service is still in progress**

D Secure logon information	
Admin Username	Email Address
ID Number	
An Administrator User will be created from the information you filled in above. This user will have complete control over the account, including the addition and modification of services and new users. This will give you ultimate control over your connection, capping, and value-added services, in reality, your entire account! Please ensure that the person specified above has the authority to make changes that may affect billing and this information is stored in a safe place, as you will also be able to check confidential information, such as your Account statements, via the Secure Login. (Details of how & where to affect this secure login will be given to the account holder as soon as this registration has been processed.)	

I, \_\_\_\_\_ hereby authorise The Wizard Computer Services to perform the necessary registrations & provide the required internet services and agree to pay the monthly fee/s, as indicated above, on or before the 7th day of each month, in advance.

Signed On: \_\_\_\_\_ Signature: \_\_\_\_\_

To Which email address / Fax No. should we send the Usernames & Passwords: \_\_\_\_\_

Please Specify an email address for monthly statements & invoices: \_\_\_\_\_