

# Computers 4 Kids Online Access Agreement

This is a contract entered into by **COMPUTERS 4 KIDS** (hereinafter referred to as "the Provider") and \_\_\_\_\_ (hereinafter referred to as "the Client") on this date, \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_

The Provider's place of business is **Unit 106B, Tokai Village Centre, Tokai, 7945** and the Client's place of business is \_\_\_\_\_.

The Client hereby engages the Provider to provide services described herein under "Scope and Manner of Services." The Provider hereby agrees to provide the Client with such services in exchange for consideration described herein under "Payment for Services Rendered."

## Scope and Manner of Services

Services to be Rendered By Provider:

- *Online access to all Computers 4 Kids e-Learner curriculum versions*
- *Full support on our E-learner curriculum*
- *Continues updates*
- *Marketing materials*
- *Full training*

Email address : \_\_\_\_\_

No of logins required: \_\_\_\_\_

Preferred username: \_\_\_\_\_ password: \_\_\_\_\_

## Payment for Services Rendered

The Client shall pay the Provider for services rendered (online access) at a price of R300.00 per month per device/login. This is a month-to-month agreement that can be terminated by either party at any time. The Client has agreed to sign debit order for the fee payable, and will be debited from their account, monthly in arrears for the duration of the agreement. If fees not received online access will be suspended. The total monthly debit order will be for R\_\_\_\_\_ starting on \_\_\_\_\_ / \_\_\_\_\_ 201\_\_\_. This agreement will be revised annually.

## **Signatures**

In witness of their agreement to the terms above, the parties hereby affix their signatures:

\_\_\_\_\_  
(Printed Name of Client )

\_\_\_\_\_  
(Printed Name of Provider)

\_\_\_\_\_  
(Signature of Client

(Date)

\_\_\_\_\_  
(Signature of Provider

(Date)

## Debit Order Application

### Client Details

Name			
Name of Authorised Signatory			
Telephone Number			
E-mail address			
Postal address			
	Postal Code:		

### Debit Order Details

Name of account			
Account Number			
Bank name		Branch name	
Branch code		Type of account	
Name of Authorised Signatory			
ID of Authorised Signatory			

### Financial details and run date

Debit Order Amount	
Start Month	
Date of Debit Order run	1 <sup>st</sup> of each month

### Terms and Conditions

The undersigned is authorised to sign this document.

The undersigned authorizes Computers 4 Kids cc or its nominee to deduct the relevant funds from the account.

The amount deducted monthly will be in accordance with the contractually agreed fee.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Authorised Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please fax this debit order authority to 021 712 2639 or email to [finance@computers4kids.co.za](mailto:finance@computers4kids.co.za)**

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