



Tel: +27100200601/0861186536

P O Box 21167, Helderkruijn, Roodepoort, 1733

Suite 2, Building 5, Ruimsig Office Estate, Ruimsig, Gauteng, South Africa

Registration Number: 2003/008806/07

Bank debit order instruction / credit card authority

Section 1: Company Details

Company Name: _____

Hereinafter referred to as "CLIENT"

Date: _____

Vat Number: _____

Company Registration Number: _____

Address: _____

Contact No: _____

Abbreviated name as registered with Bank: LOYALTYBOX

Section 2: Billing Details

Please select the type of account you would prefer debited and please complete the relevant

Information required below:

BANK ACCOUNT DETAILS:

BANK: _____

BRANCH
TOWN: _____

BRANCH NO: _____

ACCOUNT NAME: _____

ACCOUNT NO: _____

TYPE OF A/C _____
(Savings, current, Transmission)

Token Unlimited Retail Group (PTY) Ltd.
Registration Number 2003/008806/07
Tel: 010 020 0601
Fax: +27 (86) 617-4673
P.O. Box 21167, Helderkruijn, 1733, South Africa
Steven Levey, Christopher Witthoft, Dheren Singh, William Kirsh

Initial:



OR

CREDIT CARD DETAILS:

CARDHOLDERS NAME: _____

CARD NUMBER: _____

EXPIRY DATE: _____

CVV NUMBER: _____
(three digit number on back of card)

CARD TYPE: _____
(Master card, Visa)

Section 3: Products & Services

Products Chosen:

Loyalty Box: POS

Section 4: Fees, Costs and Payments:

Monthly fees: (By means of Debit order mandate)

Loyalty Box: POS and/or Insights

ex VAT per month per store

Setup Fees: (By means of Debit order mandate)

Loyalty Box: POS and/or Insights

A setup fee of _____ once off **ex VAT**. * Set up fee is per store.

Section 5: Declaration and Consent of Client

I /We hereby authorize you to debit my/our account with the above mentioned client details (or any other bank or branch that I/We change to, based on the pricing stipulated above (Section 4 Titled; Fees, Costs and Payments), which will be calculated against my/our account on a monthly basis. I/We authorize my/our account to be debited on the 1st day of the month. I/We authorize my/our account to be debited with the set up fees with immediate effect.

I/We, the undersigned, hereby authorizes my/our current or future bank to pay, on receipt of such requests using whatever manner, the repayments indicated in the agreement specified above, by debiting my account. I/We the undersigned, request, "instruct" and authorize your agent Sage Pay, to

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draw against my/our account, the sum of such payment instructions or the value of any single repayment instructions, including outstanding interest or premiums, may never exceed my indebtedness or obligations in terms of the agreement recorded here. I further understand that my

bank will debit my account with bank charges once payment instructions are processed, consisting of a paid or unpaid fee.

I foresee that I may change my bank and bank particulars reflected in here, in which instance I will notify the beneficiary specified or any new beneficiary should the agreement be ceded or assigned to any third party. Should I however neglect to notify you or the assigned third party, or if you or the assigned third party obtain my new bank particulars on your own account this mandate issued will not lapse but will cover such new bank information obtained and you and the assigned third party may attach such new information to this signed document as an annexure and the annexure attached must be read together with this mandate by my new bank.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

I _____ agree to the above terms and conditions and confirm that I am duly authorized to sign on behalf of the CLIENT. Signed at

_____ on this _____ of _____ 20_____

Signature_____

Initial: