

Account Application

Connectivity/Telecommunication Services

Please be sure to read and complete the application completely. Applications that are not completed will not be processed. If you have any uncertainties, please contact us to assist you:

<u>support@ice-one.com</u> | <u>sales@ice-one.com</u> 064 756 2043 | 066 480 8134

* Required fields * * Contact Information * Full name of Individual/Institution: Company Registration Number: Company VAT Number: **Email Address:** Physical Address: Contact Number : _____/__ Please state convenient times to contact you: During the Week Over Weekends Mornings (09:00 – 11:00) Mornings (08:00 – 11:00) Afternoons (13:00 – 16:00) Afternoons (13:00 – 17:00) Evenings (16:00 – 18:00) Evenings (17:00 – 20:00)



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* Required fields * * Please state what you are applying for *	
Fiber to the Business	Telecommunications
* Please select a Provider *	
Evotel Openserv	Pe DFA Frogfoot
TT Connect Metro Fibre Vumatel	
* Please select a Package *	
10/10 Mbps 15/15 Mbps	20/20 Mbps 25/25 Mbps
30/30 Mbps 50/25 Mbps	50/50 Mbps 100/50 Mbps
100/100 Mbps 150/150 Mb	ps 200/100 Mbps 200/200 Mbps
250/250 Mbps 300/300 Mb	ps 500/500 Mbps 1000/1000 Mbps
* Please attach the below documentation for a credit check*	
Copy of ID/Passport	3-Months Bank Statements
Proof of Residence	Latest Payslip (Individuals)

Completed Debit Order Form