



I-Soft Net Email Service

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1)

ACCOUNT DETAILS

Company Name:	Contact Person:
Postal Address:	ID No:
Phone: (business)	Postal Code:
Fax:	(home):
Existing e-mail/other e-mail:	Cell:

Address

Package required:	Domain	Monthly Cost excl. VAT	Start Date
1.	@	R 35-00	

SPECIAL INSTRUCTIONS

Aliases

Fax: 0866801396

START DATE: _____

CLIENT SIGNATURE: _____