

S.E.M. Application



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Please fill in as much information as possible using a black pen and print in clear capital letters

S.E.M. APPLICATION Please complete all items marked *

Business or Company name*

Name of person signing*

Date of birth*

Position in company*

ZimboPages is a division of Technocash Limited. I apply for a S.E.M. Package and agree to the terms and conditions for this Application and Direct Debit Authority. Technocash Limited is authorised to process the direct debits as outlined and the minimum term is 12 months until stopped. As signatory, I confirm that I am over 18 years of age and I will provide a copy of my driver's licence or similar photo identification.

Signature*

Date / /

Business trading name (if applicable)

Company registration number*

Registered business address (not P.O. Box)*

Email address*

Business address*

Phone number*

Mobile number

Fax no.

Please Tick Box Selection*

S.E.M. Packages Price GST Total

<input type="checkbox"/> S.E.M. EXCEL Set Up	\$990	\$99	\$1089
12 Monthly Payments of	\$225	\$22.50	\$247.50
<input type="checkbox"/> S.E.M. ACE Set Up	\$990	\$99	\$1089
12 Monthly Payments of	\$880	\$88	\$968

Direct Debit Day Tuesday of week _____

Identification* (provide a minimum of one proof of ID)

Driver's Licence _____

Passport Number _____

Other _____

Office use:

MID..... Staff..... Date.....

URL.....

Login/Password Emailed Staff..... Date.....

Name of ZimboPages Representative:

*You must complete below either: (A) details of your account with your financial institution or (B) your Credit Card details for processing of direct debits when there are insufficient funds in your Technocash account.

(A) Financial Institution Account Details

Bank Name

Branch

BSB Number

Account Number

Name of person signing

Signature

Date / /

Second signatory details (Compulsory* for joint accounts)

Name of person signing

Signature

Date / /

OR (B) Credit Card Details

I authorise debiting of my card

Name

Credit Card Number:

VISA Mastercard AMEX

Expires ___ / ___ CVS Number ____

Signature _____ Date _____

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