

### Mark With (X) Throughout Document

Existing Account  Yes  No Sales Person \_\_\_\_\_

Branch \_\_\_\_\_

### Client Details

Title \_\_\_\_\_ Surname/Co. Name \_\_\_\_\_ First Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Postal Address \_\_\_\_\_ Code \_\_\_\_\_

ID/Co. Reg. No. \_\_\_\_\_ Co. VAT No. \_\_\_\_\_

Tel. No. (W) \_\_\_\_\_ Tel. No. (H) \_\_\_\_\_

Cell No. \_\_\_\_\_ Contact Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

### Future Correspondence

Oshana SkyWater may keep me updated on new products and value-added services  Yes  No

Preferred method of communication  Email  SMS  Post

### Product Selection

**Please tick the appropriate box for product selection, QTY, delivery & Payment Options.**  **QTY** \_\_\_\_\_

Dispenser Rental (Including  x Refill deliveries per month) Monthly Subscription  N\$ \_\_\_\_\_

Dispenser Bottles Refill only (No dispenser machine)  Qty Monthly Subscription  N\$ \_\_\_\_\_

**Please choose your delivery date from the available delivery dates below:**

1st Working day of the month  Other (Please confirm with sales agent if available)

1st Monday of the month Details: \_\_\_\_\_

15th Working day of the month

**Please contact Oshana SkyWater at least 24 hours in advance should you wish to re-schedule your delivery**

Hot / Cold Water Dispensing Machine Only Cash Price  N\$ \_\_\_\_\_

18.9L Water Dispensing Bottle Cash Price  N\$ \_\_\_\_\_

Home Use AWG on fixed payment terms over 24 months 24 Months Repayment  N\$ \_\_\_\_\_

Home Use Atmospheric Water Generator Cash Price  N\$ \_\_\_\_\_

Industrial Use AWG Unit **Indicate Type:** \_\_\_\_\_ Cash Price  N\$ \_\_\_\_\_

Service Contract on AWG Unit **Indicate Type:** \_\_\_\_\_ Monthly Subscription  N\$ \_\_\_\_\_

### Debit Order Authorisation

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Branch Name \_\_\_\_\_ Account Type  Current  Savings

Branch Code \_\_\_\_\_ Account Holder \_\_\_\_\_

Please debit the bank account as indicated above in favour of Oshana SkyWater with the total amount owing from time to time. My chosen debit order date is:

1st working day of the month  Last working day of the month  7th of the month

15th of the month  25th of the month  Other

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

### Alternate Contact Person in Case of Emergency

First Name & Surname \_\_\_\_\_ Relationship \_\_\_\_\_ Cell No. \_\_\_\_\_ Office No. \_\_\_\_\_ Home No. \_\_\_\_\_

\_\_\_\_\_

### Acknowledgement by Client

To protect your own interests please read the Terms and Conditions overleaf carefully. If you are uncertain as to the contents of these documents please request advice from your sales person, alternatively contact us as follows: by writing to Oshana SkyWater Customer Care, P.O. Box 640, Swakopmund, Namibia, by email to sales@skywater.com.na, or phone our office on 085 668 3256. By signing this Agreement you accept that you have read, understood and agree to be bound by the contents, including the Terms and Conditions on the back of this Subscription Application Form.

Name \_\_\_\_\_ Surname \_\_\_\_\_

Authorised Signature \_\_\_\_\_ Designation \_\_\_\_\_

Date \_\_\_\_\_

### Oshana SkyWater Representative Confirmation

I have verified and confirm that all the information is complete and correct

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_