



# Neotel Hardware Quotation



APPLICATION WILL PROCEED  
UPON RECEIPT OF ALL INFO  
EMAIL: [neotel@samsungnac.co.za](mailto:neotel@samsungnac.co.za)  
Fax: 086634 1398

1. COMPANY REGISTRATION DOCS
2. CERT. COPY OF MEMBERS ID
3. PROOF OF ADDRESS
4. SIGNED ORDER FORM
5. CANCELLED CHEQUE

## SALES CONSULTANT

Sales Consultant  APPL. NO

## CUSTOMER INFORMATION

Please complete this form in Block letter.

Neotel Customer Number (if applicable)  BP ID (if applicable):

Customer Name\*  BP Name:

Please note: If Customer is natural person, please provide full names. If customer is a juristic person, then provide complete name e.g. ABC (Pty) Ltd.

Trading Name (if applicable)  User Name

Registration No./ ID no.\*  Make of switchboard

VAT No.  How old?  Model

### Customer Address Details:

Main Place of Business or Residence if Applicable:\*

Address1

Address2

Address3

City / Town

Postal Code

No of Extensions

No Existing Lines

Additional/ New Lines / Neotel

Postal Address:

Postal Code  City

Telephone\*  Fax  Cellular Number

E-mail Address

\* Information is compulsory for the purposes of the Regulation of Interception of Communications and Provision of Communication- Related Information Act 70 of 2002

Primary Contact  Email Address

Distance to the closest Samsung offices within 100KM  within 200KM  within 300KM  over 300KM

## FOR OFFICE USE ONLY

Pre-Sales Consultant:

Pre-Sales Signature:

Sales Agent

Sales Manager Signature

## SERVICES SELECTION

Code	Services Description	**Status	Qty	Service Fees: Once Off	Service Fees: Monthly	Service Fees: Annual	VAT Incl.
	Once off Installation per line	N		R 350.00			
	Total Monthly Equipment, Line & Port				R 200.00		
NEO-INS-1	( Optional ) Insurance on CDMA Hardware	N			R 9.89		
SUB TOTAL (exclusive of VAT)							

\*\* R = Re-sign; N = New; U = Upgrade; C = Cancellation due to Upgrade

Total Once Off Service Fees Incl. VAT

Total Monthly Service Fees Incl. VAT

Total Annual Service Fees Incl. VAT

Initial Period 24 Months

Signed at  on this day  of  2008

Signature:

(who warrants his/her authority)

Full Names\*:

ID No\*:

Do You need to see a consultant?

Capacity\*:

Date when service is required: