



ORDER FORM

(Complete all relevant sections and return by fax 07 3009 0067)

Company Details

Company Name: _____

Phone: _____

Fax: _____

Postal Address: _____

Suburb: _____

State: _____

P/C: _____

Contact Name: _____

Mobile: _____

Email Address: _____

Monthly Service Plans

Please Tick

30 Revisions

60 Revisions

90 Revisions

2GB:	\$20.90 <input type="checkbox"/>	\$26.40 <input type="checkbox"/>	\$31.90 <input type="checkbox"/>
5GB:	\$44.00 <input type="checkbox"/>	\$49.50 <input type="checkbox"/>	\$55.00 <input type="checkbox"/>
10GB:	\$77.00 <input type="checkbox"/>	\$82.50 <input type="checkbox"/>	\$88.00 <input type="checkbox"/>
20GB:	\$137.50 <input type="checkbox"/>	\$143.00 <input type="checkbox"/>	\$148.50 <input type="checkbox"/>
30GB:	\$181.50 <input type="checkbox"/>	\$187.00 <input type="checkbox"/>	\$192.50 <input type="checkbox"/>
50GB:	\$231.00 <input type="checkbox"/>	\$236.50 <input type="checkbox"/>	\$242.00 <input type="checkbox"/>
100GB:	\$308.00 <input type="checkbox"/>	\$313.50 <input type="checkbox"/>	\$319.00 <input type="checkbox"/>

NOTE: All new plans incur a one-off License Fee of \$29.00

Preferred Username: _____

Alternative Username: _____

Usernames must be unique. Specific an alternative in case that your preferred name is unavailable

Datagard Password: _____

Additional Features

FREE Microsoft SQL Plug-in (needs to be added to service)

FREE Microsoft Exchange Plug-in (needs to be added to service)

Additional User License - backup multiple computers under the same plan
(\$9.90 monthly per license)

Quantity: _____

All prices including G.S.T

Office Use Only: Reseller Signature: _____ Code: _____



Datagard Payment Options

Direct Debit Authorisation for Spheritec

I/we request that moneys due in terms of the payment arrangements covered by this document be drawn by Spheritec Pty Ltd (User ID 321362) under this Direct Debiting system from my/our account conducted with:-

Financial Institution Name																
Financial Institution Address																
Account Name																
BSB	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table>					-										
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Account No	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															

Direct Debit Authorisation for Spheritec

I/we acknowledge that this Direct Debiting arrangement is governed by the terms of the Direct Debit Service Agreement received from you.

Signed by Authorised Account Holder _____

Name _____

Date / /



(If joint or business account) Signed by Authorised Account Holder _____

Name _____

Date / /

Credit Card Authorisation for Spheritec

I/We the undersigned, request that Spheritec charge my/our credit card as payment for fees. This authority will remain in place until Spheritec receives written notice from me/us to cancel it.

Card Type	<input type="checkbox"/>  MasterCard	<input type="checkbox"/>  Visa Card																									
Name of Cardholder																											
Card Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
Expiry	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td> </tr> </table>			/																							
		/																									
Signed by authorised person _____ Name (please print) _____ Date: _____																											



Please retain this page for your records.

Service Agreement

We invoice end users electronically and collect payment under a direct debit authority from their bank account or on their credit card. Arrangements are subject to these terms.

Our commitment to you

We will advise you by email of each monthly payment processed. Where the due date falls on a non-business day, we will draw the amount on the next business day.

We will not change the frequency of drawing arrangements without your prior approval. The amount drawn from your account will match your choice of products and services. All prices are in the currency specified in the relevant application-specific licence terms.

Any currency conversion will be made and charged only in accordance with the relevant application-specific licence terms.

We may immediately terminate your right to use any of our products and services (not limited to any particular product or service in respect of which payment is duly made) if full payment in cleared funds (without deduction or set-off) of any sum due under the relevant application specific licence agreement (together with GST at the prevailing rate) is not received by us on first drawing under this direct debit authority.

We will keep all information pertaining to your nominated account at your financial institution private & confidential.

Your Right to Terminate

You may terminate our drawing rights under this direct debit authority at any time by written notice received by us not less than seven days before your regular billing date in which case we will not issue any invoice for any period after the end of your then current billing cycle.

In any such case we may immediately terminate your right to use any of our products and services to which your termination relates.

Resolution of Drawings Apparently Made Incorrectly

You should take the matter up with us promptly if you consider that any drawing under this direct debit authority has been made incorrectly - i.e. not in accordance with the relevant application-specific licence terms. Both you and we will use all reasonable endeavours (and generally act in good faith) to resolve the matter promptly and fairly to our mutual satisfaction.

Your responsibilities

It is your responsibility to:

- ensure that sufficient funds are available (in cash or undrawn credit facilities as appropriate) to meet each drawing on its due date;
- ensure that the direct debit authority given to us for us to draw on your nominated account (whether involving your own funds or undrawn credit facilities) is identical to the signing instruction held by the relevant bank or other financial institution; and
- to advise us in writing (together, if applicable, with details of alternative payment arrangements in compliance with the relevant application specific terms) not less than seven days before your regular billing date if your nominated account (in relation to which this direct debit authority relates) is transferred or closed.

Notices

Any notice provisions in the general terms from time to time published on our web site apply in all respects for the purposes of this direct debit authority.