



POWERED BY



SBM Smart City Order Form

HAVE YOU CHECKED COVERAGE?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	I DON'T KNOW	<input type="checkbox"/>				
PHYSICAL ADDRESS:											
						POSTAL CODE:					
GPS CO-ORDINATES:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
NAME:				SURNAME:							
I.D. NUMBER:											
CONTACT NUMBER:				ALTERNATIVE NUMBER:							
WORK NUMBER:		PREFERRED METHOD OF CONTACT		<input type="checkbox"/>	SMS	<input type="checkbox"/>	EMAIL	<input type="checkbox"/>	Phone Call	<input type="checkbox"/>	Whatsapp
EMAIL ADDRESS:				PREFERRED TIME FOR CONTACT							
CHECKLIST											
COPY OF ID				PROOF OF RESIDENCE							
<p>I, _____ (CLIENT NAME) hereby grant Zoom Fibre (PTY) LTD permission to distribute any documentation provided by me to my chosen Service Provider.</p> <p>I acknowledge that I have not been requested by any Zoom Fibre Agent / Contractor / Employee to make an upfront payment for the service I'm ordering today.</p> <p>I acknowledge that I have not made any payment (cash/eft/other) to any Zoom Fibre Agent / Contractor / Employee for the service I am ordering today.</p>											
DATE:		DD/MM/YYYY		CUSTOMER SIGNATURE:							

RESELLER/
AGENT NAME:

