



**eBILLING AND ITEMISED BILLING SERVICE REQUEST FORM**

**Current Client Details**

**Account Holder's Name:**

**Account Number:**

**Cellular Number:**

**E-mail:**

**E-mail Recipient, Name:**

**Surname:**

REQUEST FOR (PLEASE TICK ✓ APPLICABLE)

**General Request**

**Add eBilling** (Subject to itemised billing being activated)  **Add Itemised Billing**

**Remove eBilling**  **Remove Itemised Billing**

**I would like to request the following services to be added / removed from my account:**

**Requests For Itemized Billing / Tax Invoice  
 Please Attach A Copy Of Identity Document**

A copy of I.D (for individuals) / Letterhead of the company / organization must accompany this request.  
 All information must be completed. Failure to do so may result in the request not being processed.  
 A cost will be charged for a copy of the Itemized Bill if you do not request this monthly.

**E-mail Recipient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorisation Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (e.g. MD or CFO)

**PLEASE FAX THIS FORM TO: (011) 301-8222**

**M-TEL OFFICE USE ONLY**

Completed		
NAME:	Signature	Date