



NESTICT INFOTECH

MOI AVENUE MOMBASA
P.O BOX 123-80100
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ACCEPTANCE FORM FOR SERVICE DELIVERY

PAYMENT TERMS*

1. PREPAID 2. POST PAID *(Tick One)*

*****Payment frequency**

1. Prepaid Payments

The cumulative sum shall be deposited / **Paid According** to our down payment notes stipulated on our website.

2. Post Payments

The payment frequency for postpaid, the cumulative sum shall be **Deposited/Paid 3** days before or after the **Billing Date**, failure shall result to:

1. Suspension of All Running Service(s).
2. Activation of Recovery/Partial Payment Procedures

PAYMENT FREQUENCY*

WEEKLY MONTHLY ANNUALLY **** ONE-OFF** (*** Non- Recurring- one-time payment*)

PAYMENT CHANNEL*

1. BANK TRANSFER 2. MPESA *(Tick One)*

CLIENT AFFIRMATION*

I/We _____ hereby **ACCEPT** and Authorize **NESTICT INFOTECH** to access our digital system (s) and other related service(s) on the same, and the above set rules for a period of;

DAILY WEEKLY MONTHLY SEMI ANNUALLY YEARLY

(Tick One)

NAME: _____ POSITION: _____

DATE: _____

[OFFICIAL STAMP]

*****PLEASE ATTACH THIS FORM TO YOUR APPROVED (SIGNED) COMMERCIAL PROPOSAL *****