

DIGI TOPUP AGENT AGREEMENT



AGENT CONTACT INFORMATION

Registered Corporate Name: _____

Registered Address: _____

Business Name (if different): _____

Business Address (if different) _____

Contact Name:

Phone #: _____

Fax #: _____

Email #: _____

Tin #: _____

Terminal Type	
SMS Mobile	<input type="checkbox"/>
SMS Printer	<input type="checkbox"/>
DigiCell Top-Up App	Android <input type="checkbox"/> iOS <input type="checkbox"/>
Online/Web	<input type="checkbox"/>
PC	<input type="checkbox"/>

DISTRIBUTOR INFORMATION

Distributor Name: _____

Rep ID: _____

Installation Date of Digi Equipment: _____ (the "Effective Date")

Technician Name: _____ Technician Signature: _____

Where applicable, the Agent by its duly authorized representative(s) hereby warrants that it has read and understands the terms and conditions contained in the attached DIGI SMS Printer Agreement and agrees to be bound by its terms and conditions.

By: _____ (signature)

Print Name: _____

Date: _____

Witness: _____ (signature) Print Name: _____

FOR OFFICIAL USE ONLY (BESL TO COMPLETE)

Site ID: _____ Site ID: _____ Site ID: _____

PC User ID: _____ POS ID: _____ Mobile ID: _____

PC Password: _____ POS Password: _____ Clerk Name: _____

Registration Code: _____ Clerk Code: _____ Registration Code: _____