

SUBSCRIPTION FORM

Agreement Dated:

Agreement No:

BUSINESS

	ABN
Trading as:	
Business Address:	
State:	Postcode:
Contact - Title and Name:	Phone No:
Nature of Business:	

EQUIPMENT DESCRIPTION ~ 1

Qty	Model No.	Description	Serial No.
1	AQ BOX	Avem Quirks Monitoring Device	

EQUIPMENT LOCATION

Business Name
Business Address
Name and Contact Number
Email Address
Password
Estimated Delivery Date

TERM AND RENTALS

Upfront Payment for Installation \$.....+ gst (payable in advanced)
Term: months from/...../..... to/...../.....
Fixed Monthly Payments of \$.....+ gst per month x 36 months (inclusive of Stamp Duty and FID)



OWNER
Avem Quirks Pty Ltd (ACN 005 705 493)
9 Business Park Drive
Lynbrook, Vic. 3975

SUBSCRIPTION FORM

BUSINESS

THIS SUBSCRIPTION FORM is made on the date set out in the Schedule.

PARTIES:

1. The Owner named as the Owner in the Schedule (the **Owner**)
2. The business named as business in the Schedule (the **Business**).

RECITAL:

At the Business's request, the Owner acquired the items described in the Schedule to this Subscription form (the **goods**) which are manufactured or supplied directly or indirectly by the manufacturer or supplier named in the Schedule.

IT IS AGREED as follows:

- A. The Terms and Conditions set out in the subscription form identified in the Schedule (as amended) is incorporated as if it was set out in this subscription form.
- B. The Owner hires the goods described in the Schedule to the Business at the terms stated in the Schedule.
- C. This subscription form is executed in the State named in the Schedule.

ACCEPTANCE BY BUSINESS

By signing this subscription form you agree to be bound by it.

Individuals/Company Underhand

Address:

Individuals/Company Underhand

Signature of Business:

Name (Print):

Signature of Witness:

Name (Print):

Signature of Owner (Avem Quirks)

Name (Print):

Signature of Witness:

Name (Print):