

# Product Registration & Subscription Form

9 Business Park Drive, Lynbrook, Victoria, 3975

Telephone: 1800 658 120

Email: [admin@avemquirks.com.au](mailto:admin@avemquirks.com.au)

ACN 005 705 493



AGREEMENT DATE: \_\_\_\_\_

BUSINESS INFORMATION				
BUSINESS NAME				
TRADING NAME				
ADDRESS				
SUBURB		POST CODE		STATE
SITE CONTACT NAME			MOBILE	

EQUIPMENT DESCRIPTION		INSTALLATION WILL NOT BE COMPLETED UNTIL FULL PAYMENT RECEIVED		
QTY AQ BOX		INSTALLATION DATE		
FRIDGE SN:		LOCATION		
TERM (36 MTHS)	<b>\$360.00 +GST</b>	DATE FROM		DATE TO
INSTALLATION INSTRUCTIONS				

**PLEASE COMPLETE THE ALL DETAILS AND SEND TO – [medisafe.alert@avemquirks.com.au](mailto:medisafe.alert@avemquirks.com.au)**

ALERT NOTIFICATIONS				
PERSON ONE	NAME			
	EMAIL			
	PASSWORD		MOBILE NUMBER	
PERSON TWO	NAME			
	EMAIL			
	PASSWORD		MOBILE NUMBER	
PERSON THREE	NAME			
	EMAIL			
	PASSWORD		MOBILE NUMBER	

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PAYMENT AUTHORISATION				
CARD NAME				
CARD NUMBER				
PAYMENT REFERENCE				
EXPIRY DATE		CCV		CARD TYPE

## **TERMS & CONDITIONS**

### **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.
- D. Subscription repayment will be recharge on the supplied credit details or account after the 36term contract unless notified prior to expiration of this agreement

### **ACCEPTANCE BY BUSINESS**

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

\_\_\_\_\_  
Signature of Business

\_\_\_\_\_  
Signature of Avem Quirks

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name