

Cloud Monitoring Renewal Form

9 Business Park Drive, Lynbrook, Victoria, 3975

Telephone: 1800 658 120

Email: medisafeplus@avemquirks.com.au

ACN 005 705 493



AGREEMENT DATE: ____/____/____

Please complete this form and email to medisafeplus@avemquirks.com.au to renew your online temperature cloud monitoring portal access.

BUSINESS INFORMATION

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

EQUIPMENT DESCRIPTION

FRIDGE SERIAL NUMBER:		LOCATION IN BUILDING:	
TERM:	12 MONTHS ACCESS	ADDITIONAL NOTES:	
DATE FROM:		DATE TO:	

UPDATE ALERT NOTIFICATIONS (PLEASE PRINT CLEARLY)

EACH CONTACT YOU REGISTER WILL HAVE ACCESS TO THE CLOUD MONITORING PORTAL AND WILL RECEIVE ALERT NOTIFICATIONS VIA TEXT MESSAGE AND EMAIL IN THE EVENT OF A TEMPERATURE BREACH OR POWER FAILURE. IIF THE USERS ARE STILL THE SAME, PLEASE FILL IN 'SAME AS PRESENT'.

PERSON ONE	NAME			
	EMAIL - Each person must have a unique email			
	PASSWORD - You can change this later in the portal		MOBILE NUMBER	
	Tick how you would like to receive alert notifications	<input type="checkbox"/> EMAIL ONLY	<input type="checkbox"/> TEXT ONLY	<input type="checkbox"/> BOTH TEXT & EMAIL
PERSON TWO	NAME			
	EMAIL - Each person must have a unique email			
	PASSWORD - You can change this later in the portal		MOBILE NUMBER	
	Tick how you would like to receive alert notifications	<input type="checkbox"/> EMAIL ONLY	<input type="checkbox"/> TEXT ONLY	<input type="checkbox"/> BOTH TEXT & EMAIL
PERSON THREE	NAME			
	EMAIL - Each person must have a unique email			
	PASSWORD - You can change this later in the portal		MOBILE NUMBER	
	Tick how you would like to receive alert notifications	<input type="checkbox"/> EMAIL ONLY	<input type="checkbox"/> TEXT ONLY	<input type="checkbox"/> BOTH TEXT & EMAIL

PORTAL ACCESS RENEWAL

Prices are based on metro locations. For regional locations and multiple units, contact Avem Quirks on 1800 658 120.

\$210+GST PER UNIT	NUMBER OF UNITS <input type="text"/>
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PAYMENT AUTHORISATION

CREDIT CARD PAYMENT		BANK TRANSFER	
<input type="checkbox"/> VISA	<input checked="" type="checkbox"/> MasterCard	Account Name	
Card number		AVEM PTY LTD	
Name on card		BSB	Account Number
		033 014	130421
Expiry date	Security code	Please use your site name as "Reference"	

TERMS & CONDITIONS

BUSINESS

This form is made on the date set out in the Cloud Monitoring Product Registration Form.

PARTIES:

1. The Owner named as the Owner in the Cloud Monitoring Product Registration Form (the Owner)
2. The Business named as business in the Cloud Monitoring Product Registration Form (the Business).

RECITAL:

At the Business's request, the Owner acquired the items described in Cloud Monitoring Product Registration Form (the goods) which are manufactured or supplied directly or indirectly by the manufacturer or supplier named in the Cloud Monitoring Renewal Form.

IT IS AGREED as follows:

- A. The Terms and Conditions set out in the subscription form identified in the Cloud Monitoring Renewal Form (as amended) is incorporated as if it was set out in this subscription form.
- B. The Owner hires the goods described in the Cloud Monitoring Product Registration Form to the Business at the terms stated in the Cloud Monitoring Product Registration Form.
- C. This subscription form is executed in the State named in the Cloud Monitoring Product Registration Form.
- D. Subscription payment will be renewed on the supplied credit details or account after the 12-month term contract, unless notified prior to expiration of this agreement.

CLOUD MONITORING PORTAL ACCESS AFTER INITIAL TERM

The registered business will be contacted prior to the expiry of the initial term with renewal period options and pricing. The registered business will also be invited to register for additional services (such as maintenance and calibration packages) upon renewal of their cloud monitoring access. **Please note that these prices are subject to change.**

ACCEPTANCE BY BUSINESS

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

Signature of Authorised Business Representative

Signature of Witness

Print Name

Print Name