

METER SERVICES AGREEMENT

Ref:# CUS

A - CONTACT DETAILS

Contact Name & Surname:			
Contact E-mail:			
Contact No:		Alt Contact No:	

B - PROPERTY OWNERSHIP

Name on Title:							
Property Type:	Residential		Commercial		Industrial		Other
	House	Flat	Office	Farm	Warehouse	Factories	
Trading Name:	IF APPLICABLE						
Nature of Business:	IF APPLICABLE						
Reg No / ID Number							
Business Type:		PTY	CC	Personal			
Street Address:							
Province:							
City:							

C - METER (Select Options for required Meters)

Qty:	Electrical		Water		Gas		Solar	
	Single Phase	Three Phase	Installation	Meter	Installation	Meter	Installation	Rent-to-own

D - INSTALLATION ADDRESS

Street Address:	SAME AS ABOVE						
Province:	(Tick Box)						
City:							

Installation in major centers usually occur within 7 working days. Standard charges refer only to typical installations. Non-Typical installations will have to be quoted on separately.

A 24 hour notice is required for cancelling a callout, any hindrance preventing the due execution of a callout shall be subject to charges as per the company's published rates.

E - PREPAID SERVICES (All charges are exclusive of Taxes where applicable)

Plan:	(Standard Rates to be Used if Left Bank)					
Rate Per Unit:	R	/	c	Kwh	kl	m3

F - ACCOUNT DETAILS (Where we need to Pay you for the amount used by the Meter)

Bank Name:			Managed Services (Pay Municipality Directly)
Account Type:			
Account Number:			
Branch Code:	(Tick Box)	YES	

I/We understand and agree to all the terms and conditions prescribed by the company in the Terms and Conditions document which I/We have read.

G- MANDATE

GIVEN BY (Name of Account Holder) AMOUNT: Flexible PAYMENT REFERENCE: Prepaid Metering Services TO: (BENEFICIARY) Prepaid Metering Services PTY (LTD) TEL: 012-758-7808 at 270 Lavender Road, Annlín, Pretoria, Geuteng 0066 ("Company"). I/We hereby authorize the

beneficiary to issue and deliver payment instructions to its Bankers for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement with the beneficiary and commencing on and continuing until this Authority and Mandate is terminated by me/us by giving the beneficiary at least a one calendar's month notice in writing. The payment instructions so authorised shall be issued and delivered monthly (on the first day of every month) or periodically as agreed. In the event that the payment day falls on a Sunday, or recognised public holiday, the payment day will automatically be the very next ordinary business day. I/We understand that payments or withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks. I also understand that in the case of withdrawals such will be printed on my bank statement to enable me to identify the respective payment and/or agreement. I/We understand that my bank may apply charges, at their discretion, to any transactions and that penalties apply for unsatisfied transactions imposed by the company or the respective banks or assignees. MANDATE: I/We acknowledge that all payment instructions issued by you, the beneficiary, shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

CANCELLATION: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you, the beneficiary. ASSIGNMENT: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

SIGNED AT: ON THIS: DAY OF: 20.....

NAME & SURNAME TITLE:

Complete, Sign this form Return to sender E-Mail With -ID Copy -Latest Municipal Account

Office: Captured Date:
Rep:

SIGN:

Sign Here