

CONTRACTS ON-DEMAND ELECTRONIC SERVICE (CODES) SUBSCRIPTION ORDER FORM (V4)

CONTRACTS ON-DEMAND Tel: 087 940 9655 Fax: 011 462 2014 Email: sales@contractsondemand.co.za

PRŒSA

CODES Call Centre: 087 940 9655 www.contractsondemand.co.za



Company Name:		Off	ice Locat	ion:							
(Please complete separate Order	location)	<u>T</u> y	pe of Com	pany		<u></u>	<u></u> .				
Physical Address:			Postal Address:								
Tel:	Fax:	Cell:									
Please insert your VAT F	Registration Number										
Subscriber's Full Name:		Er	nail:								
CODES MODULES			PRICE PER OFFICE				Order Amount R				
1a. e JBCC Service – Full No. of additional Project Cost Control stations per office @ R 87 per month No. of additional Payment Certificate stations per office @ R 47 per month			R 5 100 per annum (Invoiced at R425 per month) X R 87 X R 47								
1b. e JBCC LITE JES Payment Certificate Application No. of additional workstations per office @ R 47 per workstation per month			R 2 700 per annum (Invoiced at R225 per month) x R 47				R R				
1c. e JBBC - Architectural Service (R360 per annum discount to Corporate members of SAIA)			R 2 520 per annum (Invoiced at R210 per month)				R				
1d. e JBCC - Engineering Service (R360 per annum discount to members of SARACCA)				R 2 520 pe piced at R2			R				
2. Contractual Claims Management System (e CCMS)				R 5 100 pe			R				
Contractual Claims Management Syster No. of additional workstations per office	ו		X	R225		R					
		Тс	otal mon	thly Debit		Amount: uding VAT)	R				
3. e PROCSA		R 947 per annum (Invoiced annually)				R					
Initial Invoice Amount: (excluding VAT							R				
ePROCSA & eJBCC- Please include	nting in multip	les of 50	Printin	a Pre-P	avment	R					
Printing Pre-Payment Total Amount on Initial Invoice excluding VAT:											
VAT @ 14%							R				
	Total An	nount N	low Due	(includi	ng VAT)	R					
Note: PROCSA Document Pure per two doc	For office Sales Exec		CEH								
Person authorized to print Documents			· No:								
Person Authorizing Order			name								
Position:		Login Pass	Login Password								
Date:		Printing Us	Printing User name								
Signature:	(Please initial Terms Page	Printing Pa	Printing Password								



CONTRACTS ON-DEMAND ELECTRONIC SERVICE (CODES) - DEBIT ORDER FORM

COMPANY							
BANK ACCOUNT NAME:	BANK:						
BRANCH NUMBER:	BRANCH NAME:						
ACCOUNT NUMBER:							
MONTHLY DEBIT ORDER AMOUNTS							
e JBCC: (Full, LITE, Arch. or Eng.)	R per month						
Contractual Claims Management Service	R per month						
branch to which I/we may transfer my/our account) the sum as subscription in respect of the above mentioned agreement on on the second last day of the month prior to the month that the sub at least 12 months. All such withdrawals from my/our bank acc	my/our account with the above mentioned bank (or any other bank of selected above, the amount necessary for payment of the annual second last last day of each and every month commencing become to start, as stated on the Order Form and continuing for fount by you shall be treated as though they had been signed be eased / decreased by whatever amounts become due in terms of the	al g or y					
Magnetic Tape Service and I also understand that details of each wit voucher. I/we agree to pay any bank charges relating to this debit you thirty days notice (prior to expiry of the annual subscription) in wri	ed will be processed by computer through a system known as the AC vithdrawal will be printed on my bank statement or on an accompanying too or instruction. This authority may be cancelled by me/us by giving riting, sent by prepaid registered post, but I/we understand that I/we shaw while this authority was in force if such amounts were legally owing the thereof by my/our bank (whichever it is or will be).	g g all					
Signed at on this	day of 20						
for and on behalf of							
	NAME						
SIGNATURE AS USED FOR SIGNING CHEQUES							
ASSISTED BY	CAPACITY						
(where legally necessary)							