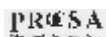




CONTRACTS ON-DEMAND ELECTRONIC SERVICE (CODES) SUBSCRIPTION ORDER FORM (V4)

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



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



Company Name:		Office Location:	
<i>(Please complete separate Order Form for each physical office location)</i>		Type of Company:	
Physical Address:		Postal Address:	
Tel:	Fax:	Cell:	
Please insert your VAT Registration Number			
Subscriber's Full Name:		Email:	
CODES MODULES	Please tick your selection below	PRICE PER OFFICE	Order Amount R
1a. eJBCC Service – Full <i>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</i>		R 5 100 per annum <i>(Invoiced at R425 per month)</i> X R 87 X R 47	R R R
1b. eJBCC LITE <i>JES Payment Certificate Application No. of additional workstations per office @ R 47 per workstation per month</i>		R 2 700 per annum <i>(Invoiced at R225 per month)</i> x R 47	R R
1c. eJBCC - Architectural Service <i>(R360 per annum discount to Corporate members of SAIA)</i>		R 2 520 per annum <i>(Invoiced at R210 per month)</i>	R
1d. eJBCC - Engineering Service <i>(R360 per annum discount to members of SARACCA)</i>		R 2 520 per annum <i>(Invoiced at R210 per month)</i>	R
2. Contractual Claims Management System (e CCMS) <i>Contractual Claims Management System No. of additional workstations per office @ R 225 per workstation per month</i>		R 5 100 per annum <i>(Invoiced at R425 per month)</i> X R225	R R
Total monthly Debit Order Amount: <i>(excluding VAT)</i>			R
3. ePROCSA		R 947 per annum <i>(Invoiced annually)</i>	R
Initial Invoice Amount: <i>(excluding VAT)</i>			R
ePROCSA & eJBCC- Please include your first amount for pre-paid printing in multiples of 500		Printing Pre-Payment	R
Total Amount on Initial Invoice excluding VAT:			R
VAT @ 14%			R
Total Amount Now Due (including VAT)			R
Note: PROCSA Document Purchase price = R193 (Ex VAT) per two document set.		<i>For office use</i> Sales Executive: CEH.....	
Person authorized to print Documents	Subscriber No:		
Person Authorizing Order	Login User name		
Position:	Login Password		
Date:	Printing User name		
Signature:	(Please initial Terms Page)	Printing Password	

A copy of this completed Order Form must be faxed to: +27 011 462 2014