

Cloud Monitoring Product Registration Form

9 Business Park Drive, Lynbrook, Victoria, 3975

Telephone: 1800 658 120

Email: medisafe.alert@avemquirks.com.au

ACN 005 705 493



AGREEMENT DATE: _____

Please complete this form and email to Medisafe.alert@avemquirks.com.au to activate your online temperature cloud monitoring portal access. Each Medisafe Plus unit comes with a full 12 months cloud monitoring access included.

BUSINESS INFORMATION

BUSINESS NAME				
ADDRESS				
SUBURB	POST CODE	STATE		
SITE CONTACT NAME	MOBILE			
BUSINESS MAIN EMAIL ADDRESS FOR UPDATES AND COMMUNICATION				

EQUIPMENT DESCRIPTION

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

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. YOU MUST NOMINATE AT LEAST ONE PERSON FOR ALERTS WITH THE OPTION OF UP TO THREE

PERSON ONE	NAME			
	EMAIL Each person must have a unique email			
	PASSWORD Please assign a 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 Please assign a 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 Please assign a 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

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TERMS & CONDITIONS

BUSINESS

THIS 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 acquired 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 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. A summary of these prices are listed below. 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. Prices listed below are applicable up until 30th June 2019.

ADDITIONAL 12 MONTHS CLOUD MONITORING - \$180 + GST

ADDITIONAL 36 MONTHS CLOUD MONITORING - \$440 + GST

ADDITIONAL 12 MONTHS CLOUD MONITORING + ANNUAL EQUIPMENT MAINTENANCE, TEST & TAG AND CALIBRATION (CERTIFICATE OF CALIBRATION SUPPLIED) - \$600 + GST

ACCEPTANCE BY BUSINESS

Please tick to accept the terms and conditions in this agreement and you agree to be bound by it.

Print Name

Position

CLICK TO SUBMIT THIS FORM

CLICK HERE TO SUBMIT THIS FORM TO MEDISAFE ALERTS. ONCE SUBMITTED YOU WILL BE NOTIFIED BY EMAIL WITHIN 24 BUSINESS HOURS TO CONFIRM YOUR REGISTRATION IS ACTIVE

PRINT FORM

CLICK HERE TO PRINT A COPY OF THIS FORM FOR YOUR RECORDS