



METER SERVICES AGREEMENT

Service Provided by Wired Up Prepaid Meter Insurance Company Pty (Ltd)
Triple-C – Crystal Clear Corporations
CK No. 2014/157145/07



CONTACT DETAILS

CONTACT NAME: _____ CONTACT E-MAIL: _____
CELL PHONE: _____ PHONE: _____

PROPERTY OWNERSHIP

NAME ON TITLE: _____ OWNERSHIP TYPE: _____
TRADING NAME: _____ NATURE OF BUSINESS: _____
COMPANY ID NUMBER: _____ PHONE: _____ FAX: _____
ADDRESS: _____ CITY: _____ PROVINCE: _____ POS.CODE: _____

METER TYPES *(Select Options for required Meters)* ELECTRICITY WATER GAS

INSTALLATION ADDRESS DETAILS Same as above Other Address

Installation Address: _____

PREPAID SERVICES *(All charges are exclusive of Tax where applicable)*

MANAGEMENT PLAN: _____ UNIT RATE: _____ INSURED: _____

NATURE OF THIS AGREEMENT

CSI INITIATIVE (To aid Eskom from the debt owed by them) – No Payout from-to Landlords

NORMAL PURCHASE (Personal Tenant Use) – Payouts from-to Landlords, Vending Com. and Eskom

GAS-UTILITY DISTRIBUTION COMPANY

ACC NUMBER: _____ CUSTOMER NUMBER: _____

METER NUMBER: _____ AMOUNT: *Subject to change in accordance to vouchers purchased or transaction*

ACCOUNT DETAILS & MANDATE IN RESPECT OF ALL ELECTRONIC DEBITS

GIVEN BY (Name of Account Holder): _____ CONTACT NUMBER: _____

ADDRESS: _____ ACCOUNT TYPE: _____

BANK NAME: _____ BRANCH NAME: _____ BRANCH CODE: _____

ACCOUNT NUMBER: _____ AMOUNT: *Flexible* FROM-TO: *(Beneficiary) WIRED-UP PREPAID METER INSURANCE COMPANY PTY(LTD)*

I/We understand and agree to all the terms and conditions prescribed by Wired-Up Prepaid Meter Insurance Company Pty (Ltd) as presented in the **Terms and Conditions** document which I/We have read. I/We authorize the company or its agents to Debit/Credit the account above with respect to any fees due in terms of this agreement. I/We authorize the company's appointed bankers or assignees, to issue debit or credit instructions to my/our bankers against my/our abovementioned account (or any other bank to which I/We may elect) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed upon with the company and continuing until this Authority and Mandate is terminated by me/us by the giving of a 20 day written notice thereof. I/We shall not be entitled to any refunds which the company or its assignees have withdrawn while this mandate was in force. 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.

SIGNED AT: _____ ON THIS: _____ DATE OF: _____ 20____

NAME: _____ TITLE: _____ SIGNATURE: _____