

Reg. No: 98/09903/07

Oxford Gebou/Building 10 & 11  
154 Zaaronstraat/street 154, Westdene, Bloemfontein, 9301

Navrae/Enquiries: **ND Bothma**

Tel: (051) 447 7944, (051) 447 8546, (051) 430 8315  
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e-pos/e-mail: flexitron@fxsos.co.za, Web: http://www.flexitron.co.za



For internal use only

Account No:

**SERVICE CONTRACT, AGREEMENT BETWEEN FLEXITRON SOS (PTY) LTD AND THE USER**

Full name of the Practice (hereinafter referred to as the "Practice")		
Company/ CC or ID No	VAT No	
Practice Name	PCNS No	
<b>Physical address</b>	<b>Postal address</b>	
Street Name & No	PO Box	
Building	Town/City	
Town/City	Postal Code	
Postal Code	Or indicate if same as physical address	Yes No
Contact Person	Cell	
Tel	Fax	
E-mail (general)	E-mail (statements/confidential info)	

**DFS will:**

1. Capture all your debtors.
2. Transmitting your claims to Qedi.
3. Post your outstanding accounts.
4. Collection of all your outstanding debt solely or in cooperation with the practice regarding medical aids and patient liability. (Charges will differ if we do all the collections)
5. A specific process will be followed until the hand-over of accounts.
6. We will also provide the client with a specific format for day sheets and new patients to be captured correctly.

**The Client will:**

1. Pay Flexitron the agreed upon monthly fee, and sign a EFT form which gives DFS the permission to deduct accounts older than 60 days direct from your bank account.
2. Not allow any third party members to programme, work, service, or upgrade any equipment without the consent of Flexitron.
3. Give Flexitron one month written notice to cancel the service contract.

Replacement of equipment that is not under warranty is for the client's account and will only be done once the client gives his acceptance of the quotation. The client is entitled to a second opinion if he considers the quotation to be overpriced or unnecessary.

Signed on behalf of the **Practice** by (full name) .....  
who hereby warrants his/her authority and binds himself/herself as surety and co-principal debtor of the **Practice** in terms of this agreement and confirms that he/ she has read the terms and conditions overleaf.

**Signature** ..... **Date** ..... / ..... / 20.....



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### Marketing information

#### Bank debit order instruction

Name:	Date:
Address:	Commencement Date:
	Postal Code
	Abbreviated name as registered with the bank <b>FLEXITRONS</b>
Contact No:	Cell

The signed Authority and Mandate refers to our contract as dated as on signature herof ("the Agreement"). I / We authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the payment instruction will never exceed my / our obligations as agreed to in Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

1. On the \_\_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_ in the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.
2. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

#### MANDATE

I / We acknowledge that all payments instructions issued by you shall be treated by my / our above mentioned bank as if the instructions had 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.

#### ASSIGNMENT

I / We acknowledge that this Authority may be ceded to 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 \_\_\_\_\_

#### SIGNATURE AS USED FOR SIGNING CHEQUES

#### Additional costs:

- |  |   |
|--|---|
| a. GP/Specialist R2675 up to R 100 000 thereafter 2.5% of total billings - | f. Physio/Psychologist/ect R950 up to R 30 000 thereafter 3% of total billings                                    |
| b. Paper   | g. We will pay the Qedi charges and bill the practice at only 0.6 %   |
| c. Envelopes   | h. License fee for medical software in practice.  |
| d. Stamps depending  | Legal fees, if incurred, for overdue accounts (patients) between 15-25% on the length of the outstanding account. |
| e. Medprax   |   |



TRUSTEES: ND Bothma, JE Harms, SA Alberts