

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")		SYSTEM ONSITE SUPPORT	
Company/ CC or ID No	VAT No		
Practice Name	PCNS No		
Physical address	Postal address		
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)		
Flexitron will:			

1. Give you telephone support and if the problem can't be rectified by this means, the problem will be addressed within 48 hours either at the practice or at Flexitron's office.
2. Give you Switch support on the following:
 - a. Software support, Account enquiries, Proof of delivery, All EDI related problems
3. The practice will be visited every third month.
4. During this visit the following service will be delivered.
 - a. Any settings and repairs on the practice computer system.
 - b. Support with the installation of software that was purchased at Flexitron.
 - c. The practice will only be responsible for the cost of new equipment, whereas the labour will be free of charge.
 - d. All upgrades on your medical software.
5. Check your backups and data, to see if it is in working condition.
6. Please note that a call-out to the practice will count as a normal contract visit and there will be no additional contract visit.
7. Installation of new hardware and software will be free of charge if it falls into the normal contract visit, otherwise the practice will be held responsible for the traveling cost but not for the labour.

The Client will:

1. Pay Flexitron the agreed upon monthly fee, and sign a EFT form which gives Flexitron the permission to deduct accounts older than 60 days direct from your bank account.
2. Give the representative of Flexitron entry to the practice within normal working hours.
3. Not allow any third party members to programme, work, service, or upgrade any equipment without the consent of Flexitron.
4. 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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Bank debit order instruction

Name:	Date:
Address:	Commencement Date:
	Postal Code
	Abbreviatedname as registered with FLEXITRONS the bank
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 wil never exeed my / our obligations as agreed to in Agreement, and commencing on hte commencement date and continuing until this Authooruty and Mandate us terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent bt 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, it 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 term of the Agreement is due and the amount of each individual payment instruction may not be more or less that 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 addigned 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

100 km: R658 (VAT Excl)
100-300 km: R731 (VAT Excl)
300-500 km: R793 (VAT Excl)
>500 km: R915 (VAT Excl)
Additional systems & or 4 or more PC's: R170 (VAT Excl)



DIREKTEURE/DIRECTORS: GW Aldrich (Voorsitter/Chairman), ND Bothma (Besturend/Managing), JE Harms (Sek/Sec)