



CLIENT DETAILS

Client: _____ Date: _____
 Address: _____ Account Number: _____
 _____ Home Tel: _____
 Work Tel: _____ Cell: _____
 Telephone on Premises: _____ Cell: _____
 Keyholder 1: _____ Cell: _____
 Keyholder 2: _____ Cell: _____
 Keyholder 3: _____ Cell: _____

Business Hours:

Monday: _____ until _____
 Tuesday: _____ until _____
 Wednesday: _____ until _____
 Thursday: _____ until _____
 Friday: _____ until _____
 Saturday: _____ until _____
 Sunday: _____ until _____

Postal Address:

Email:
 Email 1: _____
 Email 2: _____

Is this a business premises: Yes / No
 Is this a permanent residence: Yes / No
 SMS Notification request: Yes / No R _____ per month per cell #
 (Inquire further at office) To cell # : _____

Monthly monitoring fee: R _____	Please note that all fees are payable in advance. PAYABLE ON 1ST DAY OF EACH MONTH
Annual radio licence fee: R _____	
Payment method: R _____	

SMHART ARMED RESPONSE

24 Hours a Day / 7 Days a Week
Control Room: 0861 10 15 16
0861 10 15 16

Smhart Guards Family Trust
Co Reg No: 2200587
VAT No: 4140259831

Office : 0861 10 12 16
4 Disa & Aandblom C-Place / Jeffreys Bay

P.O.Box 3200
Jeffreys Bay
6330



PLEASE NOTE THAT ONE CALENDAR MONTH'S NOTICE **MUST BE GIVEN IN WRITING TO TERMINATE THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I HEREBY GIVE SMHART THE NECESSARY AUTHORISATION TO ADJUST MY ACCOUNT ACCORDING TO ANNUAL INCREASE AND INCREASE IN LICENSE FEE.**

Signed at _____ on this _____ day of _____ 20_____.

Signature: _____

Office Use Only:

New Install	
Link-up	
Take-over	
New Owners	

Active from: _____