

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

CCTV Commitment Form Cape Saint Francis Bay

Email: collections@smhart.co.za
Office: 0861 10 15 17
4 Disa Avenue, Jeffreys Bay



AGREEMENT

I, _____ (name & ID number),
hereby subscribe and agree to contribute to the Cape St Francis CCTV initiative for a 36
month period to a minimum contribution amount of R5040. I am aware that cancellation
of the agreement will result in a cancellation fee amounting to 100% of the remaining
contribution. I give Smhart Security permission to bill me for the amounts as agreed.

Date: _____

Signature: _____

CLIENT INFORMATION

Name & ID Number: _____

Address: _____

Contact No: _____ (1) and _____ (2)

Email address: _____

Vehicle number plate: _____ (1)
_____ (2)
_____ (3)
_____ (4)

our **zero tolerance** your peace of mind



PAYMENT SELECTION

Terms (Please circle your preferred terms):

Monthly (36 x R140)	Yearly (3 x R1680)	Once-off (R5040)
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Additional donation R _____ (Please select: monthly / annually / once off).

Payment method (Please circle your preferred method):

Debit order	EFT	Cash
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* EFT and cash payment to be made on the 5th day of each month.

DEBIT ORDER FORM

COMPLETE ONLY IF DEBIT ORDER IS SELECTED AS PREFERRED PAYMENT METHOD

Account details

Account holder: _____

Bank: _____ Branch & No: _____

Account No: _____

Preferred date (Please circle):

30th	1st	15th
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day of every month

Effective date: _____ / _____ /20_____

I, _____ acknowledge that the above banking details, are correct and complete. Should the debit order reject due to insufficient funds, fees may be charged in order to present the debit order again. Any changes in banking details will be given in writing. This debit order is agreed to for 36 months. I am aware of the annual price increase in monitoring fees as well as the annual admin fee that is due for payment on the 1st of March.

Signed at _____ on the _____ day of _____ 20_____

Signature _____