

**BUSINESS/CLIENT DETAILS**

Full Name / Business Name:		Business Inc. Number:	
Address:		Contact Name:	
(please include postcode)		Phone No:	
Billing Address:		Mobile No:	
(please include postcode)			
Contact Email:		Billing Contact Name:	
Billing Email:		Billing Contact No:	

**PAYMENT OPTIONS (PER INSTALLATION)**

Please tick the appropriate box to indicate your selected payment option. Prices shown without GST.

 Monthly Subscription \$\_\_\_\_\_ ☐ Device Purchase \$\_\_\_\_\_ ☐ Device Lease-to-Own \$\_\_\_\_\_/month

*Lease-to-Own over 36 months.*
**ADDITIONAL ADDED SERVICES**

Please tick the appropriate boxes to indicate any additional added services you require. Please speak to a sales representative to arrange pricing.

☐ Driver ID ☐ Panic Button ☐ Fuel Monitoring ☐ Start Inhibit ☐ CAN Integration

**VEHICLE DETAILS**

Please list vehicle registration details for all of your to-be-installed vehicles.

Registration/Plate No.	Registration/Plate No.	Registration/Plate No.	Registration/Plate No.

**ACKNOWLEDGEMENT BY CLIENT**

The Client acknowledges that Cartrack New Zealand Ltd. has disclosed the features of the product selected. Based on these disclosures the Client acknowledges that the selected product(s) meets the Client's expectations.

If you are uncertain as to the contents of this document please request advice from your salesperson, alternatively contact us as follows: by writing to Cartrack New Zealand Ltd. Unit 6, 21 Poland Road, Wairau Valley, Auckland 0627; by email to solutions@cartrack.nz or phone our Office on (09) 444 1244.

Authorised Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**
**Fitment Date:**
**Technician:**
**Salesperson:**
**UNIT TYPE**
☐ CTGw/CT3 ☐ CT5 ☐ ASSET