



DATE _____ / _____ / _____

REP _____

Email : control@mounties911.co.za

QUOTATION / INVOICE REQUEST

New Client

Existing Client

Organisation Name _____

Company Registration No _____ VAT No _____

Physical Address _____ Postal Address _____

Telephone No 1) _____ Fax No _____
 2) _____ Fax2Mail _____

Company Email Address _____

Contact / Responsible Person _____

Identity No _____ Cellular No _____

Payment Method Cash EFT Cheque

EVENT DETAILS

Date of event _____

Times (From ~ Until) _____

Venue (Road name & town) _____

Type of Event	Rugby		Hockey		Netball			
	Volley Ball			Soccer			Motor Sport	
	Fun Day Event			Movie Shoot			Karatie	
	Cycling Race			Athletics			Marathon Race	
	Boxing			Swimming			Other Specify Below	
	Fishing Competition							

Requirements Enter the total of each required.

First Aider Level 1	
First Aider Level 2	
First Aider Level 3	
Basic Life Support (BAA)	
Intermediate Life Support (ILS)	
Advanced Life Support (ALS)	
Ambulance on site (Total)	
Ambulance on stand by	

TERMS & CONDITIONS

1. Quotation will be forwarded to the email address above, need to be confirmed by no later than 7 days before the event in writing.
2. Accepted quotation is only an estimate and will be updated accordingly if any additional hours or crew were requested / required at the time.
3. Quotation is not binding by any means, it is the responsibility of the organization to ensure that the event remain within requested quotation times.
4. A deposit of 75% (seventy five percent) is required to be paid upon confirmation.
5. Cancellation of the booking will result in 50% (fifty percent) of quotation amount being billed, if cancellation was received in writing (email / fax) 7 days before the event. Less than 7 days notice of cancellation, resulting in no refund of deposit.
6. If no deposit was received in advanced, penalty charge of R200.00 per event will be billed unless otherwise arranged with management.
7. Balance of invoice amount need to be paid within 7 (seven) days from date of event.
8. Non-acceptance of quotation initially and on short notice to attend to the event there will be a penalty charge of 25% (twenty five percent) of quotation amount added.
9. Failure to settle the invoice by due date; will result in interest at 5% (five percent) per month & legal actions. All legal fees will be charged at attorney client own scale, to be added to initial amount due.
10. Any returned cheques will be charged an additional amount of R150.00.
11. I the undersigned am duly authorized to act on behalf of the above mentioned organization.
12. I hereby accept responsibility for the full account and will ensure that payment is made upon receipt of either quotation or invoice to the dedicated bank account via EFT or alternatively cash / cheque.
13. I have read & understand the terms & conditions above.

Ambulance transportation should be billed to the

Organisation		Patient / Med.Aid	
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 Name & Surname Authorised Signature

QUOTATION WILL BE MADE & NEED TO BE SIGNED BY AUTHORISED PERSON.

QUOTATION TO BE RETURNED TO control@mounties911.co.za

Request Received : _____

Accepted / Declined _____

Quote Processed : _____

Quote # : _____