## SERVICE ACCEPTANCE **RELOCATION DETAILS: Quotation Reference Customer Name** Preferred Removal Dates: (Dates are subjected to availability of vehicles) Loading date: ..... Delivery date: Loading or Contact address Delivery or Contact address Contact telephone numbers **INSURANCE:** (Select One) I/We do not require Insurance cover. I/We understand and acknowledge that the relocation will be undertaken entirely at owner's risk. I/We require Insurance cover. I/We understand and acknowledge that an Application for Insurance must be completed and received by Cape Express Removals prior to the commencement of the relocation, in order to affect Insurance cover. Insurance Claims are subject to a minimum excess of R 1000.00 or 10 % of total amount claimed. **PAYMENT INSTRUCTIONS: (Select One)** Cash Deposit / Electronic Transfer (EFT) 50% of removal cost must be paid on accepting our quotation and the balance no later than 72 hours (3 days) prior to the day of loading your consignment. Fax or e-mail proof of payment to Mervyn Friend at 021 948 5807 or accounts@capeexpress.co.za Payment will be made by my Company: Postal Address: Company Name: Vat No: Contact Number: Contact Person: NAME: Cape Express Removals BANK: ABSA Bank (Tyger Valley) Acc #: 11 4566 0528 Branch: 630-510 NO CHEQUES ACCEPTED PLEASE USE QUOTATION NUMBER AS PAYMENT REFERENCE. **ACCEPTANCE:** I/We agree to pay all charges before the commencement of my/our removal, unless prior approval has been granted by Cape Express Removals for charges to be debited to a regular company account, in which case an Official Order or Letter of Approval must accompany the Acceptance Form and all charges are then payable on presentation of an Tax Invoice. I/We accept this quotation as set out and agree to The Standard Terms and Conditions of Contract as available from the office of Cape Express Removals (Pty) Ltd.

Name

Signature

Date

I.D Number