

TENANT & CONTRACTOR SECURITY ORDER FORM



Prices valid from 1/07/2026 to 30/06/2027
AFM010

Site: **Chadstone Shopping Centre**

OP1 Number:

Fax or Email to SECUREcorp (VIC): Phone: 03 8527 8888 Fax: 03 8527 8889 Email: operations@securecorp.com.au

Office Use Only

TERMS & CONDITIONS:

- The following information must be completed on this order form and faxed to the above number **24 hours** prior to the requested time and date of guard services being provided.
- Payment by direct debit or credit card must be received by securecorp **24 hours** prior to the requested time and date of guard services being provided.
- Should Charges go over the estimated costs, you will be responsible for all collections costs associated with recovery of overdue funds.
- Confirmation of faxed order to telephone or mobile number listed above.**
- A **4 hour** minimum callout applies as per the *security industry (contractors) award*
- Any refund on payment for time not worked will be raised in the form of a cheque and mailed to the postal address specified below or the amount refunded to the credit card listed on the form.
- A Tax Invoice will be issued for your records upon finalisation of payment and works.

Trading Name: _____ A.B.N. _____

Postal Address: _____ Suburb: _____ State: _____ Postcode: _____

Contact Name: _____ Position: _____

Telephone: _____ Mobile: _____ Fax: _____ Email: _____

ORDER DETAILS

Details of Requirement:

CHARGE RATES PER HOUR

MON – FRI (0600-1800)	\$ 71.45 (incl GST)
MON – FRI (1800-0600)	\$ 83.26 (incl GST)
SATURDAY	\$ 98.65 (incl GST)
SUNDAY	\$ 125.86 (incl GST)
PUBLIC HOLIDAY	\$ 153.06 (incl GST)

Estimation of services Requested:

DAY	DATE	START TIME	FINISH TIME	NO. OF GUARDS	NO. OF HOURS	RATE PER HR	TOTAL CHARGE	NAME OF GUARD(S) <i>(Office Use Only)</i>
Total Hours:						<input type="text"/>	Total Charge:	<input type="text"/>

PAYMENT DETAILS

METHOD OF PAYMENT: *(please tick)* DIRECT DEPOSIT CREDIT CARD

DIRECT DEBIT ACCOUNT DETAILS:

Bank: **WESTPAC** Account Name: **SECUREcorp (VIC) Pty Ltd** BSB: **082-001** Account No. **876759329**

Note: A receipt confirming payment via Direct Debit must be faxed with this order to the above number 24 hours prior to the booking of a guard.

CREDIT CARD PAYMENT DETAILS: **Note: Only Visa, Mastercard or Bankcard are accepted.**

Payment Type: *(please tick)* VISA MASTERCARD BANKCARD

Card Number: **Cardholder's Name:**

Credit Card Issuing Bank: **Card Expiry Date:** i.e. mm/yy

I authorise Securecorp (Vic) Pty Ltd to debit my credit card as prepayment of security request. Any adjustments to estimated cost shall be made upon completion of task.

Cardholders Signature: _____ **Date:** ____ / ____ / 20 ____

IMPORTANT NOTE: THIS FORM MUST BE COMPLETED IN FULL BEFORE GUARD SERVICES ARE PROVIDED. Also Guard Services will not be provided until payment, or proof of payment has been received.