

Application For Tracking Service

Please print your details clearly in CAPITAL letters using a black or blue pen

When complete email to sales@sensium.nz

Customer Account Details	
Contact Name	
Phone	Mobile
Email	
Company Name	
Trading as	
Company Number	
Accounts Email	
Physical Address	
Postal Address	

Tracking And Installation	
Number of units required	
Sensium® to arrange install <input type="checkbox"/>	Customer to arrange install <input type="checkbox"/>
Your contact at Sensium®	

Authority	
Sensium® can obtain information about my credit worthiness. I agree that my connection and the supply of options and services listed above are governed by Sensium's® <u>terms and conditions</u> and pricing plans. I understand the Sensium® <u>terms and conditions</u> .	
I, _____, warrant that I am a duly authorised officer who can sign this agreement on behalf of:	
Company Name	Company Position
Signature	Date

Where did you hear about Sensium®?

Terms and Conditions are available on our website: www.armadagps.co.nz/end-user-licence-agreement