

Vending Machine Location Order

Please complete, sign and return to Munchies @ Midnight Pty Ltd

Business Name:			
Address:			
Suburb:	State:	Postcode:	

Contact Name:	Position / Title:
Business Phone:	e-Mail:
Business Fax:	Mobile:

Number of Staff:	How many weekly visitors can access machine:
Business Hours:	Access for service and or filling hours:
Ratio % Male/Female:	Ratio % Blue Collar/White Collar

Requested Installation Date:	Location of Machine/s e.g. Reception / Lunch Room / Warehouse:
A secure indoor location with power point access will maximise access to all personnel on or visiting your site.	
Do you have any existing services for? ... (please be as specific as possible)	
Drinks:	Snacks:

Delivery Conditions – please specify for the delivery and installation of your vending machine.

Are there stairs? Yes / No What is the access doorway width?

Are there any other requests or considerations?

It is mutually agreed that ...

1. The equipment will be installed at no cost or obligation to the location. No Contracts are entered into.
2. The equipment will be kept clean, stocked and maintained in a professional manner by **Munchies @ Midnight Pty Ltd**.
3. The vending equipment is the property of **Munchies @ Midnight Pty Ltd** on loan to service your premises. Should you wish to have the vending equipment removed from the premises, a minimum of thirty (30) days notice is required.
4. The vending equipment is to be located in an agreed position. Prior approval by **Munchies @ Midnight Pty Ltd** must be confirmed prior to any relocation of the vending machine within your premises.
5. The vending equipment carries \$10 Million Public Liability Insurance by **Munchies @ Midnight Pty Ltd**.

PLEASE COMPLETE AND RETURN THIS FORM TO MUNCHIES @ MIDNIGHT PTY LTD ASAP

Should you have any further queries regarding the delivery and installation of your new vending machine, please phone **Munchies @ Midnight Pty Ltd** on 1300 4 Munchies or 0411 809 809 at any time.

Authorised by: _____ Date: _____
PLEASE SIGN

Authorised by: _____ Title: _____
PLEASE PRINT NAME PLEASE PRINT

Please check all details above and return by
e-Mail: mam.vending@gmail.com or Fax: (02) 9673-5787