



# Maximum Protection Quote Request

## – Ad-Hoc / Special Event Services

Maximum Protection Pty Ltd – PO Box 3336 Rundle Mall, SA 5000 – Ph. - 1300 761 663, Fax – 1300 761 664

Dear Prospective client,

Maximum Protection – Ad-Hoc / Special Event Services

In regard to your request, please find in the following document the process for commencing Maximum Protection's Ad-Hoc / Special Event Cash In Transit (CIT) Services. Please allow a minimum of 3 business days for Maximum Protection to provide you with a quote for CIT services.

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1. Further to your request, please find below information detailing each step of the process that must be completed in order to begin receiving Ad-Hoc / Special Event CIT Services from Maximum Protection.
2. Please complete the attached Maximum Protection Ad-Hoc / Special Event Services Quote Request form detailing the service(s) that you are requesting. (Please note that all information requested on the quote form is a mandatory requirement and failure to supply any information may result in delays in us providing you with a quote.
3. Upon your completion of the attached form, Please either fax or email your completed quote request to the Maximum Protection Customer Service Centre. You will receive an email to advise you of our receipt of your quote request. You will also be advised of your unique client identifier number that you will be assigned so as to identify your account when dealing with Maximum Protection. Our Customer Service Centre can be reached by email at [mpcsc@maxprot.com.au](mailto:mpcsc@maxprot.com.au) or by fax at – 1300 761 664.
4. The Maximum Protection Customer Service Centre will arrange and send a quote through to you via email or fax within 3 business days. Once you have received our quote, please review our quote and either email or phone the MPCSC to advise whether you accept our quotation as provided. (Please note that all quotes will only remain valid for a period of 28 days from date of issue.) The MSCSC can be reached at [mpcsc@maxprot.com.au](mailto:mpcsc@maxprot.com.au) or on 1300 761 663.
5. Once we have received your acceptance of our quote, we will:
  - a. Arrange preparation of the relevant agreements and we will also forward any other required documentation for your completion. Once completed, you should then email through the signed agreement and associated documents, as well as post the originals to us. The relevant address will be supplied to you at the time. (Please note that you should sign 2 copies of the agreement, these should not be dated as we will do this when we sign.)



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- b. Once the agreements and documents have been received, we will set up a Maximum Protection client account for you. We will also contact you to arrange a suitable time for a site risk assessment to be completed. Our security department will contact you directly to arrange a mutually agreeable time and date for the risk assessment to take place. (Please note that a completed and approved risk assessment performed by Maximum Protection's security team must be performed prior to the approval of any services taking place. If a site survey is not approved we will notify you of this immediately. Services are usually able to commence within 5 days after all completed documentation has been received from you. This time-frame can be condensed in the case of an emergency requirement to have services beginning on an abbreviated timeline.)
- c. Once your new client account has been created, Maximum Protection will issue you with your unique client account number. This unique reference number will need to be quoted whenever corresponding or dealing with Maximum Protection. Additionally we will supply you with relevant bank account details for you to deposit funds into, should this be required. Finally we will provide you with, or make arrangements with you for the provision of all stationary items that will need to be completed by you prior to the arrival of our road-crew on your service day. We will also perform a dry-run of the expected method of service prior to the first collection so as to familiarise you and your staff of your requirements and what to expect when service commences.

### 6. Ad-Hoc / Special Event Cash Collection Services

The agreed upon services will be taken out of the scheduled collection once processing has been completed and an invoice marked "PAID" will be mailed out to you as per the agreement.

### Payment Process for services performed by Maximum Protection

7. **Cash / Change Delivery Services:** Payment of funds to be delivered is required to be transferred in **full** by you to Maximum Protection no later than (2) business days prior to your scheduled delivery. The account details that these funds must have cleared into prior to any delivery taking place will be forwarded to you upon acceptance of our quotation.  
**(Please Note –** The account details you will be forwarded are **for provision of cash orders only** and is not to be used for invoice payments)
8. **Service fees for Delivery Services:** Payment of delivery service fees are required to have been transferred and cleared into Maximum Protection's account no later than (2) business days prior to the service. These account details will be forwarded to you upon acceptance of our quotation. Email your remittance advice to [accounts@maxprot.com.au](mailto:accounts@maxprot.com.au) including the date of the EFT transfer and the amount, along with your unique client identifier number.  
**(Please Note:** The account details that you will be forwarded are **for the payment of invoices only** and is not to be used for the payment of cash deliveries)
9. Please reference your Maximum Protection unique client identifier number when making any online EFT payments into our bank accounts. This number appearing on our bank statement is an integral part of our account reconciliation processes.



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If you have any further queries about the information contained in this letter, please contact a member of the Maximum Protection Customer Service Centre team on Ph: 1300 761 663 or by email at [mpcsc@maxprot.com.au](mailto:mpcsc@maxprot.com.au)

### Feedback / Further Assistance

Should you wish to provide feedback to us on the quality of our services, or have any suggestions on ways that we could improve the services we provide you with, Please contact us at the Maximum Protection Customer Service Centre Monday to Friday between 630AM to 730PM (ACST or ACDST). We can be contacted by phone on 1300 761 663, by fax on 1300 761 664 or by email at [mpcsc@maxprot.com.au](mailto:mpcsc@maxprot.com.au)

**Maximum Protection** thanks you for your quote request and we look forward to providing you a proposal based on your individual needs.



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Please complete the following forms. Please note that **all fields are mandatory**. Failure to complete all fields may result in delays in supplying you with a quotation. Once completed you may fax the form to:

**Maximum Protection Customer Service Centre Fax: 1300 761 664 or by email to [mpcsc@maxprot.com.au](mailto:mpcsc@maxprot.com.au)**

**Customer Information:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Customer Representative Contact Details	
Name:	
Contact phone and email address:	
Authority to request services on behalf of customer: <input type="checkbox"/> Employee <input type="checkbox"/> Other (If other, provide details):	
Occupation / Job Title:	
<b>Customer Details:</b> (All fields must be completed. Do not leave blank)	
Customer's full legal name:	
Customer's trading name (if any):	
Customer type: <input type="checkbox"/> Trustee <input type="checkbox"/> Association <input type="checkbox"/> Company <input type="checkbox"/> Government <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader	
ABN / ACN :	
Customer's phone: (     )	Mobile:
Customer's email:	
Registered address (not PO Box):	
Postal address (if different from registered address):	
Billing / invoicing address details:	
Have you previously had any services performed by Maximum Protection under the above details? <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , please provide your Maximum Protection Client Account ID number(s))	
(1) _____ (2) _____ (3) _____ (4) _____ .	



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Maximum Protection Pty Ltd – PO Box 3336 Rundle Mall, SA 5000 – Ph. - 1300 761 663, Fax – 1300 761 664

Service Details	
Event type (Fete, Show, Expo, Charity Event, Sporting Event, Concert):	
Event Name:	
Event Date(s):	
Service location / address(es):	Is this a residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No



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### Service Requirements

#### Recarry Service (Cash Banking Services)

This is a service where Maximum Protection will collect express business banking from your site in express deposit bags and then deliver and deposit them directly at your nominated bank on the same day as collection. (Note we can help arrange and obtain any required stationary from your bank on your behalf. Please advise us if this is a service that you will require.) *(Please note all details are mandatory)*

Is a recarry service required? (Express business depositing) <input type="checkbox"/> Yes (please complete all details below) <input type="checkbox"/> No (continue to next section)
Service days required: (Please tick all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Please indicate approximate amounts per service:
Approximate time required for pick-up: _____ AM <input type="checkbox"/> _____ PM <input type="checkbox"/> (If your requested time cannot be accommodated we will arrange an alternative)
Collection Address:
Contact numbers: (Please supply 2 contact numbers) Contact 1: _____ Ph: _____ Contact 2: _____ Ph: _____

#### Recarry Details

Bank name:
Address:

#### Additional information:




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### Service Requirements

#### Cash Delivery/ Supply

This is a service where Maximum Protection prepares and delivers notes and / or coin, or individual floats in the denominations and quantities that you require. *(Please note all details are mandatory)*

Are delivery / supply services required? <input type="checkbox"/> Yes (please complete all details below) <input type="checkbox"/> No (continue to next section)	
Service days required: (Please tick all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Approximate time required for pick-up: _____ AM <input type="checkbox"/> _____ PM <input type="checkbox"/> (If your requested time cannot be accommodated we will arrange an alternative)	
Please indicate approximate amounts required per service:	
Coin: (approximate value) \$	Notes: (approximate value) \$
Loose coin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rolled coin: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require floats to be prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , please indicate approx. Value and number of floats required)	
Float value: \$	Number of floats: \$
Delivery Address:	
<b>* Remember, your EFT payment for cash to be delivered must have cleared into our account at least (2) business days prior to your delivery.)</b>	

#### Additional information:




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### Service Requirements

#### Cash Collection

This is a service where Maximum Protection will collect cash / coin from your premises and then process that cash. Once processed, we will pay the value of the cash counted either by EFT or direct deposit to your nominated bank account by next business day after collection. *(Please note all details are mandatory)*

Is cash collection and processing service required? <input type="checkbox"/> Yes (please complete all details below) <input type="checkbox"/> No (continue to next section)	
Service days required: (Please tick all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Approximate time required for pick-up: _____ AM <input type="checkbox"/> _____ PM <input type="checkbox"/> (If your requested time cannot be accommodated we will arrange an alternative)	
Please indicate expected collection amounts per service:	
Coin: (approximate value) \$	Notes: (approximate value) \$
How many bags would be collected per service? :	
Do you require non-cash items (cheques) to be banked?: <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , please indicate which financial institution and location)	
Bank name:	
Address:	
<b>Settlement of cash once counted: You will be asked for your banking details after your quote has been prepared and accepted.</b>	

#### Additional information:






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### Additional Services:

#### Safe Supply / Install

Safe installation / rental: Do you require a Maximum Protection safe to be installed? ☐ Yes ☐ No

#### ATM Cash Supply

Do you require ATM Cash Supply?: ☐ Yes ☐ No

ATM cash supply is for an ATM you have on-site and will be funded by you. You must pre-pay the value of cash you need delivered. We will provide you with further relevant information should you require this service.

Please indicate approximate amounts per service: \$

Service days required: (Please tick all that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

#### Additional information:
