

## 1. SUBSCRIBER DETAILS

|                   |   |                                   |                               |   |                                |
|-------------------|---|-----------------------------------|-------------------------------|---|--------------------------------|
| Company name:     | _____   |                                   |                               | Nature of business:   | _____                          |
|                   | <small>Select from the dropdown</small>                                 |                                   |                               |   |                                |
| Physical address: | _____   |                                   |                               |   |                                |
|                   | <small>Unit &amp; street address</small>                                | <small>Suburb</small>             | <small>City</small>           | <small>Region</small>   |                                |
| Postal address:   | _____   |                                   |                               |   |                                |
|                   | <small>PO Box</small>   | <small>Suburb</small>             | <small>City</small>           | <small>Region</small>   | <small>Postcode</small>        |
| Contact name:     | _____   |                                   | Email address: _____          |   |                                |
|                   | <small>First Name</small>   | <small>Last Name</small>          |                               |   |                                |
| Phone:            | _____   |                                   |                               | Mobile:   | _____                          |
| Subscriber type:  | <input type="checkbox"/> New  | <input type="checkbox"/> Existing | Practice staff size: _____    | Number of additional offices: _____   |                                |
|                   | <small>*As defined in <a href="#">Subscribing to Masterspec</a></small> |                                   |                               | <small>*Please attach address and contact name for each physical office</small> |                                |
| Memberships:      | <input type="checkbox"/> ACENZ  | <input type="checkbox"/> ADNZ     | <input type="checkbox"/> DANZ | <input type="checkbox"/> DINZ   | <input type="checkbox"/> IMNZ  |
|                   | <input type="checkbox"/> NZIBS  | <input type="checkbox"/> NZILA    | <input type="checkbox"/> RMBA | <input type="checkbox"/> Other _____  | <input type="checkbox"/> IPENZ |
|                   |   |                                   |                               |   | <input type="checkbox"/> NZCB  |
|                   |   |                                   |                               |   | <input type="checkbox"/> NZIA  |

## 2. MASTERSPEC SYSTEMS SELECTION

|   |  |
|---|--|
| <b>Libraries:</b><br><input type="checkbox"/> Standard <input type="checkbox"/> Structural & Civil <input type="checkbox"/> Basic <input type="checkbox"/> Interiors<br><input type="checkbox"/> Landscapes <input type="checkbox"/> SCNZ Structural <input type="checkbox"/> Services <input type="checkbox"/> Minor | <b>MasterKey for:</b><br><input type="checkbox"/> Revit <input type="checkbox"/> ArchiCAD<br><br><b>Other:</b><br><input type="checkbox"/> NZCIC Design Guidelines |
|---|--|

## 3. SELECT PREFERRED FEE SCHEDULE

| <input type="checkbox"/> ANNUAL  | <input type="checkbox"/> MONTHLY   |
|--|--|
| Annual fee as selected in section 2:<br><small>*As defined in <a href="#">Subscribing to Masterspec</a></small> \$ _____ | Fee as selected in section 2:<br><small>*As defined in <a href="#">Subscribing to Masterspec</a></small> \$ _____                        |
| Additional office fee at \$100/office:    \$ _____   | Additional office fee at \$100/office:    \$ _____   |
| Entrance fee:<br>(first year only)    \$ _____   |  |
| Subtotal:    \$ _____  | Subtotal:    \$ _____  |
| GST at 15%:    \$ _____  | GST at 15%:    \$ _____  |
| Payable with order<br>(pay electronically)<br>06-0201-0030775-00    \$ _____   | Complete the direct debit<br>form on page 2    \$ _____<br><small>*Subtotal divided by 12<br/>(enter this amount on DD<br/>form)</small> |

## 4. SIGNATURE

I have read, understood and agree to the [CIL's \(Masterspec\) Standard Terms and Conditions](https://masterspec.co.nz/Terms-and-Conditions/7373/)

|   |   |
|---|---|
| _____ / /<br><small>Signature of customer                      Date</small> | _____ / /<br><small>Signature of CIL representative                      Date</small> |
| _____<br><small>Customer name</small>                                       | _____<br><small>Name of CIL representative</small>                                    |

\*Once completed and signed, please email this form to [gen@masterspec.co.nz](mailto:gen@masterspec.co.nz)

## 1. PAYMENT DETAILS

Company name: \_\_\_\_\_  
Usually your Masterspec subscription name

**BANK ACCOUNT DETAILS:**

Account name: \_\_\_\_\_  
Nominated account from which debited payments are to be made

Name of bank: \_\_\_\_\_

Account number:   -     -       -     
Bank Branch number Account number Suffix

INITIATOR'S AUTHORISATION CODE

0654045

APPROVED

5404

10/16

NB. If you have only two numbers in your suffix, please use the last two squares

## 2. AUTHORISATION

I/we authorise you to debit my account with the amounts of direct debits from CONSTRUCTION INFORMATION LTD with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's Terms and Conditions that relate to this account
- The specific Terms and Conditions listed below

Please include the following information on my bank statement

Payer: M A S T E R S P E C      Code:                Reference: S U B S C R I P T I O N

**Signature:** The holder of the above nominated bank account

/ /

Authorised signature
Customer name
Date


**Specific conditions relating to notices and disputes**


I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I/we don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I/we receive a written notice but the amount or the date of debiting is different from the amount, or the date specified on the notice.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit. If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

Send completed form back to Masterspec via PO Box or email

 **Construction Information Limited**  
 PO Box 108214  
 Newmarket  
 Auckland 1149

 [gen@masterspec.co.nz](mailto:gen@masterspec.co.nz)

## 3. OFFICE USE ONLY

Subscriber number

Date entered

Checked by

APPROVED