

GAS ACCOUNT APPLICATION FORM

RENTAL AGREEMENT

On a yearly basis (anniversary date) you will be invoiced for the quantity of cylinders that you have at the advised address. Payment of this invoice is due 21 days from end of month, i.e. on the 21st of the month following from when the invoice was raised.

If cylinders are no longer required they must be returned to the Hastings Co-Op Mitre 10 store, where your agreement is cancelled. Note that the rental charge is non-refundable.

All gas cylinders remain the property of the Hastings Co-operative LTD (The Co-Op) ABN 86 601 035 121.

1. APPLICANT DETAILS

Applicant name: _____ Co-op 100/Share #: _____

Address where gas bottle will be located:

Postal address:

Telephone: _____ Mobile number: _____

Email: _____
(All correspondence will be sent via email)

If property is rented please provide details of the managing agent:

2. RENTAL DETAILS

The following bottles will be required:	Type (e.g. 45kg, Forklift)	Quantity

3. METHODS OF PAYMENT

The following are the available methods of payment:

- Direct Debit (Bank Authority)
- Credit card

DIRECT DEBIT REQUEST

I/We authorise The Hastings Co-operative - User ID 219452 until further notice in writing to arrange for funds to be debited from my/our account, at the Financial Institution identified below, any amounts which The Co-op may debit or charge me/us through the Bulk Electronic Clearing System (BECS).

BANK ACCOUNT AUTHORITY

I/We request this arrangement to remain in force, until I notify The Co-op in writing of its cancellation in accordance with the financial details set out below:

Account name:	BSB:	Account number:
Bank name:	Address:	
Signature:	Signature:	
Name:	Name:	
Date:	Date:	

CREDIT CARD AUTHORITY

Please charge my credit card with the monthly account statement amount that is due. This authority shall stand in respect of the below specified card and in respect of any card issued to me in renewal or replacement of theft thereof, until I notify The Co-op in writing of its cancellation.

Cardholder's name: MasterCard Visa
Card number: Expiry date: CCV:
Signature: Date:

4. IDENTIFICATION REQUIREMENTS

Please note that a minimum 2 documents will be required. Forms of acceptable identification are:

- | | |
|----------------------|---------------------------------------|
| 1. Driver's license | 6. Current Passport |
| 2. Credit Card | 7. Electoral Roll Card |
| 3. Medicare Card | 8. Australian citizenship certificate |
| 4. Utilities Account | 9. Tertiary identification card |
| 5. Birth Certificate | |

5. SIGNATURE OF APPLICANT

I have read and agree to accept the terms and conditions for the establishment, operation and use of a Gas account, and hereby apply for the establishment of an account. I/We warrant that the information provided by me/us in this application is true and complete.

I agree that The Co-op is not obligated to grant credit to the Applicant, and that non-payment of rental fees may lead to the gas facility being withdrawn without prior notice from The Co-op at its sole and absolute discretion.

Name: Signature:
Date:

6. PRIVACY DECLARATION

If the Co-op considers it relevant in assessing my/our credit application for credit, I/We consent to The Co-op obtaining from a credit reporting agency a credit report containing personal credit information about me/us in relation to the commercial credit provided by The Co-op. I/We authorise The Co-op to use that report or any information derived from that report in assessing this application and for any purposes permitted under the Privacy Act 1988. Further I/We authorise The Co-op to make any additional checks that The Co-op sees fit to continue the credit assessment.

I/We agree that The Co-op may give to and seek from any credit providers named in this credit application and any credit providers that maybe named in a credit report issued by a credit reporting agency information about my/our credit arrangements. I/We understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to receive or give to each other under the Privacy Act 1988.

INTERNAL USE ONLY

Copy of identification Attached: Yes / No

Mandatory Fields completed: Yes / No

Application for Gas received and checked by

Name: Signature:

Date: