Hastings Co-op

GAS ACCOUNT APPLICATION FORM

Hastings Co-operative Ltd | ABN 86 601 035 121 Level 1, 9 -13 High Street Wauchope NSW 2446 PO BOX 354 Wauchope NSW 2446 P| 02 6588 8999 F| 02 6588 8977 W| www.hastingscoop.com.au (creditor) watch*

member

RENTAL AGREEMENT

On a yearly basis (28th February) you will be invoiced for the quantity of cylinder(s) that you have at the advised address. Payment of this invoice is due on the 21st March and will be deducted by your selected payment method below. As at March 2019 the current annual rental is \$36 incl GST; any change to this will be communicated.

If cylinder(s) are no longer required, or if you are changing address, please contact the Hastings Co-Op Mitre 10 store (02 6588 8940) where your agreement will be cancelled / or assistance provided with the move of the cylinder(s) (provided the new premises is within our distribution area).

Note that all gas cylinders remain the property of the Hastings Co-operative Limited (The Co-Op) ABN 86 601 035 121. Any missing or non-returned cylinder(s) will incur a fee of \$120 incl GST which will be deducted by your payment method selected below.

1. APPLICANT DETAILS			
Applicant name:		Do you have a shareholders or Co-op I00 card? If so, please provide #	
Address where gas cylinder(s) will be kept			
Postal address:			
Contact number: Email: (All correspondence will be sent via email)			
If property is rented, please provide details	s of managing agent:		
2. RENTAL DETAILS			
The following cylinder(s) will be required:	Type (e.g. 45kg, Forklift)		Quantity
3. IDENTIFICATION REQUIREMENT	ſS		
Please note that a minimum 2 documents	will be required (note - 1 must be	e a photo ID). Forms of acce	eptable identification are:
2. Credit Card	 Utilities Account Birth Certificate Current Passport 	 7. Electoral Roll Card 8. Australian citizenship certificate 9. Tertiary identification card 	

4. METHODS OF PAYMENT

DIRECT DEBIT REQUEST

I 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 through the Bulk Electronic Clearing System (BECS).

BANK ACCOUNT AUTHORITY

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

Account name:	BSB:
Bank name:	Account number:

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 The Co-op is notified in writing of its cancellation.

Cardholder's name:	MasterCard	Visa
Card number:	Expiry date:	

1

mm / yy

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 herby apply for the establishment of an account. I warrant that the information provided by me 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 credit application for credit, I consent to The Co-op obtaining from a credit reporting agency a credit report containing personal credit information about me in relation to the commercial credit provided by The Co-op. I 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 authorise The Co-op to make any additional checks that The Co-op sees fit to continue the credit assessment.

I agree that The Co-op may give to and seek from any credit providers named in this credit application and any credit providers that may be named in a credit report issued by a credit reporting agency information about my credit arrangements. I understand that this information can include any information about my 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
Rental property setup in SYMPAC	Yes / No
Application for Gas received and checked	Signature:
by Name:	

Date: