

RENTAL APPLICATION - BUSINESS CUSTOMERS



BUSINESS DETAILS

Business Trading Name:

Physical Address:

Postal Address:

Same as above

Office phone number:

ABN:

Office Email:

CONTACT DETAILS

Authorised representative
Owner / Manager / Director

Name:

Position:

Email:

Operational Contact
person

Name:

Position:

Mobile:

Email:

ACCOUNTS CONTACT DETAILS

Contact Person:

Name:

Tel no:

Email:

PAYMENT & TERMS

Fortnightly Monthly

Direct Debit on Visa / Master card through EziDebit – **Complete Page 2**

Quarterly 6 Monthly Yearly

7 Day Invoice to be sent by email

Rental contact is for a minimum of **12 months**, thereafter 30 day written notice required for cancellation.

TERMS & CONDITIONS

By signing this form I/we agree to the full terms & conditions as set out on page 3 of this document

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I/We hereby acknowledge that the information is correct and true and hereby authorise Awesome Water Mackay to verify the information provided as to my/our personal details, employment and references.

Signature(s) of
Applicant(s)

Date: ___ / ___ / ___
 DD MM YY

Awesome Water Mackay reserves the right to refuse any application without having to provide any reason for their decision.

Po Bo x8784 Mt Pleasant QLD 4740 Phone: 0401 441 291 Email: info@awesomewatermackay.com
ABN: 61 667 182 519



DIRECT DEBIT REQUEST

Ph: 0401 441 291

NEW CUSTOMER FORM

ABN/ACN: 61 667 182 519

YOUR DETAILS Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD

Business: E.M Ackermann t/a Awesome water Mackay ABN/CAN: 61 667 182 519 100-745-741

Business Name: _____

Contact Person: Surname: _____ *First Name: _____

*Mobile #: _____ I authorise Ezidebit to remind me of upcoming debits via SMS Office #: _____

*Email: _____

*Address: _____

*Suburb/City: _____ *State: _____ *Postcode: _____

DEBIT ARRANGEMENTS Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Regular Debits Starting on Date: ____ / ____ / ____ Debit this amount: \$ ____ . ____

D D M M Y Y

Frequency: Monthly Quarterly 6 monthly Yearly

Continue regular debits until further notice Minimum of ____ Debits (Rental - Minimum 12 month contract)

Administration Fee Paid By Business (once only) up to: _____ Bank Account Paid By Transaction Fee: Business _____ Credit Card Transaction VISA/Mastercard: Paid By Business Fee: _____ AMEX/Diners: N/A _____ Optional SMS Payment Reminder \$0.28 per SMS

Please note: A dishonour fee of \$21.90 applies to all unpaid debits, to be deducted 3-4 working days after failed payment notice received from the bank.

CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard

Card Number: _____ Expiry Date: ____ / ____

M M Y Y

Name of Card Holder: _____

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Debit from Bank, Building Society or Credit Union Account

Financial Institution: _____ Branch: _____

BSB Number: ____ - ____ Account number: _____

Account Holder Name: _____

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.8) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.8) and I/we have read and understand same. I/We acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-polic>

Signatures of Nominated Account: _____ Date: ____ / ____ / ____

D D M M Y Y