



PLEASE PHOTOCOPY FORM AND RETAIN FOR YOUR RECORDS

1.1 Business Details

Healthcare Specialty (Please tick):

Dental Veterinary Vision Audiology & Hearing Other (specify) _____

Entity Name

ABN Number (must be GST registered)

Years in Business*

No. of Practitioners

Annual Turnover

\$

*Note: If trading under 2 years, please supply Accountant-prepared Profit and Loss, Cash Flows and Balance Sheet Information for the previous financial year.

Business Type (Please tick):

Company Sole Company Director Sole Trader (complete B below) Partnership (complete B below) Trust (complete A or B below)

A) Trust Details if you have a Pty Ltd company as an entity behind the Trust, please fill in the details here -

Company Name (As Trustee for your Trust)

ABN Number

B) Sole Traders / Partnerships / Trustees Details – please photocopy to complete for all partners/trustees

Name

Date of Birth

/ /

Residential Address

Driver's License Number

Suburb

State

Postcode

Previous Address (if current address less than 5 years)

1.2 Practice Details - please photocopy to complete for each practice.

Practice Name

Contact Person's Name & Title

Contact Phone Number

Contact Fax Number

Number of Practices

Practice Address

Suburb

State

Postcode

Email

Web Address

YES, I WOULD LIKE TO BE LISTED ON CARECREDIT'S 'FIND A PRACTICE' WEBSITE.

(Details provided in Section 1.2 – except contact person's name and title - will be displayed on the website.)



1.3 Practice Direct Credit/Debit Request

Please ensure you have read the Direct Debit Request Service Agreement, and keep a copy of this page for your records.

I/We request you, GE Finance Australasia Pty Ltd (ABN 88 000 015 485) trading as GE Money (GE Money) (User ID Number 074144), to credit/debit my account at the financial institution, and according to the details specified above, any amounts which GE Money may debit or charge or owe me/us through this direct debit system.

Practice Name

ABN Number

Account Name

Bank BSB Number

Account Number

1.4 Acknowledgements and Agreement by Practice

Veterinary Practices Only – Each veterinary practice warrants to GE Money that: Each client will sign a ‘Statement of Understanding’ outlining treatment risk and a commitment to pay for treatment regardless of the outcome of the treatment, prior to veterinary treatment is administered.

CareCredit will only be used for the provision of Domestic Veterinary products and treatment. Practitioners will not provide treatment or products for commercial purposes on CareCredit finance (eg: race horses, farm livestock or racing greyhounds).

I/We acknowledge that I am/we are authorised signatories for the business.

I/We acknowledge that details provided in this Enrolment form are true and correct and not misleading.

I/We have read the important privacy notice in the terms and conditions and now agree and consent to the matters contained within.

I/We offer to enter an agreement with GE Finance Australasia Pty Ltd (ABN 88 000 015 485) trading as GE Money. GE Money may accept my/our offer by notifying me/us of acceptance.

I/We acknowledge that all practitioners in this practice are current registered practitioners with relevant association and give permission for GE Money to contact the relevant association to confirm these registrations. I agree if requested I will provide copies of Board Registration and Insurance.

THIS SECTION IS TO BE SIGNED BY ALL DIRECTORS / PARTNERS / TRUSTEES OF THE ENTITY. Please photocopy this page as necessary.

Name (First, Last)

Position

Signature

Date

Name (First, Last)

Position

Signature

Date

Sole Traders - Signature must be witnessed by an independent third party.

Witness Name (First, Last)

Position

Signature

Date



1.5 Practitioner's Details

GE Money requires that Professional Indemnity Insurance is current for all practitioners in your practice and that each practitioner is registered with the State Board in your industry. Please provide details of the Professional Indemnity Insurance and State Board Registration for each practitioner in your practice.

Please photocopy this page if necessary.

**Not applicable for Audiology practices*

Practitioner 1 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 2 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 3 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 4 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 5 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 6 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 7 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 8 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 9 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached

Practitioner 10 - Full Name

Copy of Insurance attached

Copy of Board Registration* attached



Direct Debit Request Service Agreement

The meaning of words printed *like this* in the Direct Debit Request Service Agreement is explained in 7 below.

1 Debiting your account

- (a) By signing a *direct debit request*, you have authorised us to arrange for funds to be debited from *your account*.
- (b) We will arrange for *your financial institution* to debit *your account* as instructed by us, under the terms of *your GE Practice Agreement*. If, however, a *debit payment* is due on a day:
 - (i) which is not contained in a particular month; or
 - (ii) which is not a *business day*,

then the *debit payment* will be made on the next *business day*. If you are uncertain as to when a *debit payment* will be processed, you should contact *your financial institution* for assistance.

2 Changes by us

We may vary any details of this *agreement* or the *direct debit request* at any time. We will give you notice in writing of any such change at least fourteen (14) days before the change takes effect.

3 Your Obligations

- (a) It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made.
- (b) If there are insufficient clear funds in *your account* to meet a *debit payment*:
 - (i) you may be charged a fee and/or interest by *your financial institution*; and
 - (ii) you may also incur fees or charges imposed or incurred by us.
- (c) You should check *your account* statement to verify that the amounts debited from *your account* are correct.
- (d) If we are liable to pay goods and services tax ("GST") on a supply made by us in connection with this *agreement*, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

4 Dispute

- (a) If you believe that there has been an error in debiting *your account*, you should notify us immediately and provide us with any documentation we require.
- (b) If we conclude as a result of our investigations that *your account* has been incorrectly debited we will adjust *your account* accordingly.
- (c) If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.
- (d) Any queries you may have about an error made in debiting *your account* should be directed to us in the first instance so that we can attempt to resolve the matter between us and you.

5 Accounts

You should check:

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions;
- (b) that *your account* details which you have provided to us are correct by checking them against a recent *account* statement; and
- (c) with *your financial institution* if you are uncertain about either of the above matters before completing the *direct debit request*.

6 Confidentiality

- (a) We will keep any information (including *your account* details) in *your direct debit request* confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- (b) We will only disclose information that we have about you:
 - (i) to the extent specifically required or authorised by law; or
 - (ii) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

7 Definitions

<i>account</i>	means the account held at <i>your financial institution</i> from which we are authorised to arrange for funds to be debited.
<i>agreement</i>	means this Direct Debit Request Service Agreement between you and us.
<i>business day</i>	means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
<i>debit payment</i>	means a particular transaction where a debit is made.
<i>direct debit request</i>	means the Direct Debit Request between us and you.
<i>us or we</i>	means GE Finance Australasia Pty Ltd trading as GE Money whom you have authorised to debit <i>your account</i> by signing a <i>direct debit request</i> .
<i>you or your</i>	means the merchant who signed the <i>direct debit request</i> .
<i>your financial institution</i>	means the financial institution where you hold the <i>account</i> that you have authorised us to debit.