

Easy Payment Plan™

WHEN COMPLETED, FAX TO YOUR BRANCH FOR APPROVAL
ELGAS AIM TO PROVIDE AN ANSWER WITHIN 24 HOURS OF RECEIPT

CUSTOMER INFORMATION

FULL NAME/S: _____

DELIVERY ADDRESS: _____

STATE: _____ POSTCODE: _____

PHONE (H): _____ MOBILE: _____

MAILING ADDRESS: _____

STATE: _____ POSTCODE: _____

EMAIL ADDRESS: _____

ESSENTIAL INFORMATION

DRIVER'S LICENSE NUMBER: _____ DATE OF BIRTH: ____ / ____ / ____

CUSTOMER NUMBER (IF CURRENT CUSTOMER): _____

RETAIL OUTLET INFORMATION

OUTLET NAME: _____

OUTLET ADDRESS: _____

OUTLET FAX: _____ OUTLET PHONE: _____

OFFICE USE ONLY

APPROVAL INFORMATION

CREDIT APPROVED: YES NO

CRAA FOLIO NUMBER: _____ DATE: _____

APPLICATION TO JOIN EASY PAYMENT PLAN™

Terms & Conditions: 1. This offer is limited to Elgas domestic customers who receive their LPG supply directly from Elgas, not from an Elgas distributor. 2. The purchase must include an LPG appliance and installation or a packaged, fully installed deal to be eligible for the easy Payment Plan. 3. Cooking Appliances (Cooking appliances are available on Easy Payment Plan if bundled with the purchase of a heating appliance with a recommended retail price of greater than \$500 or an eligible hot water appliance), BBQs, solar hot water appliances and incidental items are not eligible for interest free terms. 4. To be eligible for this offer, customers must pass a credit Appraisal. 5. For the customer's application to be complete, the customer must pay a minimum deposit of \$150 or 10% of the purchase price whichever is greater, and select one of the offered direct payment methods. 6. Customers can choose a payment period of up to 12 months interest free.

I/We apply to Elgas Ltd (Elgas) for the Credit Amount for the supply of the items herein by Elgas to me/us at the delivery address.

Elgas may decline my/our application in its absolute discretion. If Elgas accepts my/our application (for example by delivery of the items herein to the delivery address), I/we agree to comply with the terms and conditions on my/our part herein and overleaf. I/we agree to the supply of those items and shall pay the Credit Amount to Elgas by instalments in accordance with the Easy Payment Plan details herein. I/We shall immediately pay to Elgas the entire unpaid balance of the Credit Amount if: I/we fail to pay to Elgas any money payable by me/us to Elgas, or if I/we cease to reside at the delivery address, or if I/we cease to purchase LPG from Elgas, or if I/we cease to hire LPG cylinder equipment from Elgas. The supply of LPG and hire of cylinders by Elgas to me/us is in accordance with the Elgas Plain English LPG Supply Conditions.

USE DISCLOSURE AND OBTAINING OF MY/OUR INFORMATION FOR CREDIT RELATED PURPOSES

The purposes of my/our disclosure of my/our personal information to Elgas are for assessing whether to provide me/us with LPG and LPG related goods and services on credit and ongoing management of my/our account with Elgas and as herein. Elgas may give a credit reporting agency certain information about me/us, including: information in this application; information about payments from me/us that are overdue for more than 60 days, and which Elgas is trying to recover; information about cheques drawn by me that may have been dishonoured at least twice; a serious credit infringement by me/us. Elgas may: obtain credit reports from a credit reporting agency containing personal credit information about me/us and information about my/our commercial credit activities, which may be used for assessing my/our application to Elgas for credit and the collection of any overdue moneys due by me/us to Elgas; give to or obtain from any other credit provider named in my/our application, or in a credit report obtained from a credit reporting agency, any information about my/our personal and commercial credit arrangements, including information that has a bearing on my/our credit worthiness, credit standing, credit history or credit capacity. My/our personal information collected by Elgas: is to be kept secure, and subject to the following, is accessible to authorised Elgas personnel only; may be disclosed to third parties to whom Elgas contracts out specialised functions associated with the supply of LPG or LPG related goods (eg delivery contractors, distributors, IT systems support or mailing houses), for which those third parties shall be required to comply with the National Privacy Principles. Otherwise, Elgas will only disclose personal information if I/we consent, or if this is required by law or otherwise permitted under the Privacy Act. I/we are entitled to access my/our personal information held by Elgas by making a written request to The Privacy Officer, Elgas Ltd, PO Box 1336 Chatswood NSW 2067, fax number 02 9018 0146. If I/we choose not to disclose my/our personal information to Elgas, Elgas may not be able to provide me/us with LPG or LPG related goods.

CUSTOMER'S (OR CUSTOMERS') SIGNATURE/S: _____ DATE: ____ / ____ / ____

CUSTOMER'S (OR CUSTOMERS') SIGNATURE/S: _____ DATE: ____ / ____ / ____

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CREDIT AMOUNT FOR APPLIANCE, INSTALLATION, INITIAL FILL OF LPG ETC

I/WE APPLY TO ELGAS FOR THE CREDIT AMOUNT FOR THE SUPPLY OF THE FOLLOWING ITEMS BY ELGAS TO ME/US:

(AMOUNTS STATED BELOW SHOULD INCLUDE ANY APPLICABLE GST)

APPLIANCE MODEL: _____ \$ _____

INSTALLATION COST OF APPLIANCE ETC: _____ \$ _____

INITIAL DELIVERY OF LPG: _____ \$ _____

CYLINDER FACILITY FEE FOR MONTHS: _____ \$ _____

LESS DEPOSIT: _____ \$ _____

TOTAL AMOUNT FOR PAYMENT PLAN (CREDIT AMOUNT): _____ \$ _____

NOTE THAT SUPPLIES OF LPG AFTER ANY INITIAL LPG DELIVERY PAID FOR AS PROPOSED ABOVE, ARE PAYABLE SEPARATELY TO ELGAS.

EASY PAYMENT PLAN™ DETAILS (MAXIMUM 12 MONTHS*)

I/WE AGREE TO PAY TO ELGAS THE CREDIT AMOUNT OF \$ _____, BY _____ MONTHLY INSTALMENTS OF \$ _____ EACH,
BY THE PAYMENT METHOD BELOW, COMMENCING ON THE DELIVERY OF THE ITEMS.

*UNLESS SPECIFIED OTHERWISE

PAYMENT METHOD (CHOOSE ONE ONLY)

1. DIRECT CHARGE APPLICATION (A REQUEST FOR CHARGING TO CREDIT CARD ACCOUNTS. MASTERCARD, VISA ONLY)

CARD NUMBER: CARD EXPIRY DATE: ____/____/____

OR

2. DIRECT DEBIT APPLICATION (A REQUEST FOR DEBITING TO ACCOUNTS BY THE DIRECT DEBIT SYSTEM) (FORM DDR)

FINANCIAL INSTITUTION DETAILS

FINANCIAL INSTITUTION: _____ BRANCH: _____

ADDRESS: _____

STATE: _____ POSTCODE: _____

ACCOUNT DETAILS

NAME ON ACCOUNT: _____

BSB NUMBER: ACCOUNT NUMBER:

PLEASE TICK ACCOUNT CHEQUE ACCOUNT SAVINGS ACCOUNT

I/We request Elgas (User ID No 012467) until further notice in writing, to debit my/our account described in the account details above, any amount which is due for payment through the Bulk Electronic Clearing System (CS2). I/We understand and acknowledge that: The Financial Institution may in its absolute discretion determine the order of priority of payment by it or any moneys pursuant to this request or any other authority or mandate. The Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits. Elgas may, by prior arrangement and advice to me/us, vary the amount and/or frequency of future debits.

CUSTOMER'S (OR CUSTOMERS') SIGNATURE/S: _____ DATE: ____/____/____

CUSTOMER'S (OR CUSTOMERS') SIGNATURE/S: _____ DATE: ____/____/____