



HORSELEY DENTAL SUPPLIES PTY. LTD. A.B.N. 31 003 904 461
Unit 41, 10 Straits Avenue, South Granville NSW 2142 Australia
Postal Address: PO Box 725, Granville NSW 2142 Australia
Telephone: 61-2-8717 6500
E-mail: mailbox@horseley.com.au
Web: www.horseley.com.au

DIRECT DEBIT APPLICATION FORM

(Horseley means Horseley Dental Supplies Pty. Ltd.)

I/We _____ hereby request and authorise Horseley, until further notice, to arrange payment of my/our Horseley account as per details below on the last business day of Horseley each calendar month, by debiting my/our credit card account as described in the form below.

HORSELEY ACCOUNT NAME: _____

HORSELEY ACCOUNT CODE: _____

CREDIT CARD (Please indicate with an X)

MASTER CARD VISA CARD

CARD NUMBER: _____

EXPIRY DATE: _____

CARD HOLDER'S NAME: _____

I/We understand that it is my/our responsibility to notify Horseley of any changes on my credit card details (eg. Expiry date) prior to the end of the month from which it is effective. I/We acknowledge that Horseley is not in any way liable to me/us or to any third party for any claims against Horseley resulting from my/our acts or omissions or the acts or omissions of any third party and I/we agree to indemnify Horseley for any losses that Horseley may suffer as a result of such claims being made against Horseley.

(Signature of the Cardholder)

(Date)