ENVISION THE POSSIBILITIES

ABN: 54 002 712 665 www.opticare.com.au

Please fax completed Schedule to 02 9748 8666

Ocelot PMS Rental Service Agreement

This is an agreement to provide Ocelot Practice Management System rental services between Opticare Pty Ltd, with ABN 54 002 712 665 and the Customer.

Customer							
Company Name			Opticare Account Code				
ABN							
Postal Address							
City	State	Postcode	Country				
Service and pricing	g						
Product:	Ocelot PMS (Monthly Rental)	Additional Services:	NO				
Service Fe	ees & Charges (All figures are GST excl	usive and in Australian Dollars	s)				
(a) Optica	re's fees are as follows for the Customer's	Account:					
(i) Service Activation Fee (Once-Off): \$49 (ii) Monthly Access Fee (monthly): \$160 (iii) If applicable, each additional terminal Monthly Access Fee: \$45 (iv) Minimum service agreement: 36 months. Early termination fee applies.							
(b) Suppo	rt pricing structure :						
 (i) \$45 per 15 minutes online live support. (ii) Reregistration or Transfer (Per instance): \$95 (iii) Self-served knowledgebase support: FREE (iv) If applicable, new customer: First Three Months FREE. Existing customer: First week FREE after upgrade. 							
Acceptance of Terms and Conditions							
I, (print name), being duly authorised to enter into this Agreement, have read and accept the Terms and Conditions of this Ocelot PMS Rental Service Agreement, effective from / / (today's date), on behalf of the Customer listed above.							
Signature:							
Contact details							
Key Contact Na	ime						
Phone		Mobile					
Email		Fax					
Account Administrator Name							
Phone		Mobile					
Email		Fax					
Billing Contact Name							
Phone		Mobile					
Email		Fax					

Please turn over for Payment Options

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Payment Method (please tick one)

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Opticare's preferred methods for receiving funds are Direct Debit - Credit Card and Direct Debit - Bank Account. We will issue an invoice at the end of each month and take payment on the invoice due date. Please note that service suspension for non-payment by the due date is strictly enforced.								
o Direct De	bit – Credit Card	 Direct Debit – Bank Account 						
Direct Debit - Credit Card								
Card Type (please circle)								
VISA / MASTERCARD / AMEX* *Transactions attract a 2.5% processing fee								
Card Number		Expiry/	Security Code					
Cardholder Name								
Cardholder Signature								
Direct Debit - Bank Account								
By completing this section, you request and authorise Opticare Pty Ltd with ABN 54 002 712 665 and with Debit User Number 444239, the Debit User, to arrange, through its own financial institution, a debit to your nominated account, detailed below, any amount Opticare, has deemed payable by you, through the Direct Debit System. I/we must pay Opticare when due under the arrangement between us.								
Financial Institution Name								
Address								
City	State	Postcode	Country					
BSB (6 digits):		Account Number						
Account Name/Payment Details								
-	ate this account must sign be gn and print full name and ca	low pacity for signing eg. director)						
Print Full Name	<u> </u>	Capacity for Signing						
Signature		Date / /						
Address								
City	State	Postcode	Country					
Second account signatory (i	f required)							
Print Full Name		Capacity for Signing						
Signature		Date / /						
Address								
City	State	Postcode	Country					



DIRECT DEBIT SERVICE AGREEMENT

This is your Direct Debit Service Agreement with Opticare, User Id 444239 ABN 54 002 712 665. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Det	Definitions		unt means the account held at your financial institution from which we are brised to arrange for funds to be debited.			
		agree	ement means this Direct Debit Request Service Agreement between you and us.			
			ing day means a day other than a Saturday or a Sunday or a public holiday throughout Australia.			
		debit	debit day means the day that payment by you to us is due.			
		debit	payment means a particular transaction where a debit is made.			
		direc	t debit request means the Direct Debit Request between us and you.			
		us or we means Opticare Pty Ltd, (the Debit User) you have authorised by requesting a Direct Debit Request.				
		you means the customer who has signed or authorised by other means the <i>Direct Debit Request</i> .				
			financial institution means the financial institution nominated by you on the at which the account is maintained.			
1.	Debiting your account	1.1	By signing a <i>Direct Debit Request</i> or by providing <i>us</i> with a valid instruction, <i>you</i> have authorised <i>us</i> to arrange for funds to be debited from <i>your account</i> . You should refer to the <i>Direct Debit Request</i> and this <i>agreement</i> for the terms of the arrangement between <i>us</i> and <i>you</i> .			
		1.2	We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.			
			or			
			We will only arrange for funds to be debited from <i>your account</i> if we have sent to the address nominated by <i>you</i> in the <i>Direct Debit Request</i> , a billing advice which specifies the amount payable by <i>you</i> to <i>us</i> and when it is due.			
		1.3	If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.			
2.	Amendments by us	2.1	We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.			
3.	Amendments by you	3.1	You may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by writing to:			
			Opticare Pty			
			Ltd Locked Bag			
			132			
			Silverwater NSW 1811			
			or			
			by telephoning us on 1800 251 852 or (02) 9748 8777 during business hours;			
			*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us Opticare your new account details.			

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4.	Your obligations	4.1	It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a <i>debit payment</i> to be made in accordance with the <i>Direct Debit Request</i> .	
		4.2	If there are insufficient clear funds in your account to meet a debit payment:	
			(a) you may be charged a fee and/or interest by your financial institution;	
			(b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i> ; and	
			(c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.	
		4.3	You should check your account statement to verify that the amounts debited from your account are correct	
5	Dispute	5.1	If you believe that there has been an error in debiting <i>your account, you</i> should notify us directly on 1800 251 852 or (02) 9748 8777 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.	
		5.2	If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.	
		5.3	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 in writing.	
6.	Accounts	You s	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) 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 before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.	
7.	Confidentiality	7.1	We will keep any information (including your account details) in your Did Debit Request confidential. We will make reasonable efforts to keep any s information that we have about you secure and to ensure that any of employees or agents who have access to information about you do not many unauthorised use, modification, reproduction or disclosure of information.	
		7.2	We will only disclose information that we have about you:	
			(a) to the extent specifically required by law; or	
			(b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).	
8.	Notice	8.1	If you wish to notify us in writing about anything relating to this agreement, you should write to	
			Opticare Pty Ltd	
			Locked Bag 132	
			NSW 1811	
		8.2	We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.	
		8.3	Any notice will be deemed to have been received on the third banking day after posting.	