



## CREDIT APPLICATION

PO Box 10219  
Adelaide BC, SA 5000  
134 Richmond Road,  
Marleston SA 5033

Phone +61 8 8208 0900  
Fax +61 8 8208 0901  
accounts@scf.com.au  
www.scf.com.au

**Thank you for choosing SCF to supply your container needs. Please take the time to fill out the following information, making sure all sections of this form are completed. As you will be in possession of our container equipment we need the security of this information. Please be assured that the information given to SCF is strictly private and confidential and is supplied solely for the purpose of supplying you with equipment.**

Title: Mr / Mrs / Ms / Miss / Dr

Full Name:

Date of birth (dd/mm/yyyy):

Residential address (not a P.O. Box):

Home phone number:

Mobile phone number:

Email address:

Next of Kin (not living with you):

Relationship to you:

Home phone number:

Mobile phone number:

**Identification Item** – one item must contain a photo

Drivers licence: Attach photocopy or photo of both sides

OR

Passport: Attach photocopy or photo

### Declaration:

I declare that the information on this form is true and correct. I agree to the SCF Lease Agreement, the SCF Agreement to Purchase and the SCF Agreement to Lease Purchase as issued to me by SCF (as applicable). I acknowledge and agree that I have read and understood SCF's privacy policy available at [scf.com.au](http://scf.com.au) and I consent to the collection, use and disclosure of personal information and credit information in accordance with SCF's privacy policy, including any disclosure to a credit reporting body such as Equifax ([www.equifax.com.au](http://www.equifax.com.au)).

Customer Signature:

Customer Name:

### Privacy Statement

The Commonwealth Privacy Act 1988 requires companies to comply with the National Privacy Principles (NPPs). This document describes SCF Group Pty Ltd Privacy Policy. SCF Group Pty Ltd is committed to the new Australian privacy legislation in the way it collects, uses, secures and discloses personal information.



# DIRECT DEBIT REQUEST

PO Box 10219  
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## SECTION A - All details must be complete

I / We / Company (Surname / Family Name / Company Name)

Given Names or Company ACN/ARBN

Address

Postcode

Contact Phone Number

I/We authorise deductions to be made:

First Invoice

\$

Thereafter a monthly amount will be Direct Debited

"CREDIT CARDS NEED TO ADD FOR BANK CHARGES:  
2% FOR VISA AND MASTERCARD / 2.5% FOR AMEX."

Signature of Account/Card holder

Date

Please Print Name

Signature (for Joint Account holder)

Date

Please Print Name

## SECTION B - Bank Account Direct Debit

Name of Bank or Financial Institution

Address of Bank or Financial Institution

Postcode

Name of Account to be debited

BSB or Financial Institution Number

Account Number

"You" request and authorise SCF GROUP PTY LTD 136243 to arrange, through its own financial institution, a debit to Your nominated account any amount SCF GROUP has deemed payable by You. This debit or charge will be made through the Bulk Electronic Clearing System : (BECS) from Your account held at the financial insitution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. Monthly Direct Debits will occur on 15th of each month unless this falls on weekend. Then payment will be deducted on the Monday following.

## SECTION C - Credit Card Direct Debit

If you would prefer to organise a direct debit from your credit card, please complete Section A and return. An SCF customer representative will be in touch to finalise setup.

A \$9.00 fee will be charged for dishonoured payments

'By signing the DDR you have understood and agreed to the terms and conditions governing the debit arrangement between you and the SCF GROUP PTY LTD as set out in this request and in your Direct Debit Request Service Agreement.

# Direct Debit Service Agreement



The following is your Direct Debit Service Agreement with SCF Group Pty Ltd ABN: 86 065 732 078. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place 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 form.

## Definitions

- **account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.
- **agreement** means this Direct Debit Request Service Agreement between *you* and *us*.
- **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- **debit day** means the day that payment by *you* to *us* is due.
- **debit payment** means a particular transaction where a debit is made.
- **direct debit request** means the Direct Debit Request between *us* and *you*.
- **us** or **we** means SCF Group Pty Ltd, (the Debit User) *you* have authorised by signing a *direct debit request*.
- **you** means the customer who signed the *Direct Debit Request*.
- **your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

## 1. Debiting your account

By signing a *Direct Debit Request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

*We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*

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

*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

*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: PO Box 10219, Adelaide BC 5000 or by telephoning *us* on 08 8208 0900 during business hours **or** arranging it through your own financial institution.

## 4. Your obligations

Is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

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) *you* may also incur fees or charges imposed or incurred by *us*; 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*.

*You* should check *your account* statement to verify that the amounts debited from *your account* are correct

## 5. Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 08 8208 0900 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 with your financial institution direct.

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.

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* 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

*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.

*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 *agreement* (including disclosing information in connection with any query or claim).

## 8. Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write PO Box 10219, Adelaide BC 5000.

*We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the third *banking day* after posting.