

## Application Form

### CHANGE OF PHARMACY OWNERSHIP

where the new ownership structure includes a **PHARMACISTS' BODY CORPORATE**

**Application fee: \$550.00 for each new financial interest**

To be completed by the **purchaser/s** of the pharmacy and must be lodged with the Pharmacy Council of New South Wales ('the Council') at least **14 days before** the interest is acquired.

This application should be completed with reference to '**The Guide,**' the *Health Practitioner Regulation National Law (NSW)* ('the Law') and the *Health Practitioner Regulation (NSW) Regulation 2010* ('the Regulation').

All documentation must be received by the **lodgement date** for the application to be considered at the next Council Meeting. Lodgement and meeting dates can be found on the Council's website.

A '**Notice of Completion**' must be lodged with the Pharmacy Council within 14 days of completion of sale.

**Vendors** must submit a 'Notice of Disposal of Financial Interest in a Pharmacy' within 14 days of selling/transferring the interest.

#### EXISTING PHARMACY DETAILS AS ON THE REGISTER

Pharmacy Name \_\_\_\_\_

Pharmacy Registration No. \_\_\_\_\_ PC \_\_\_\_\_  
[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Are you changing the name of the Pharmacy? Yes\*   
\*If **yes** please also attach an application for 'Change of Pharmacy Name' No

Pharmacy street address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

#### PROPOSED PHARMACY CONTACT DETAILS

Telephone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_

Pharmacy Email \_\_\_\_\_

Postal Address \_\_\_\_\_

#### CONTACT FOR THIS APPLICATION

Name \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

**CURRENT OWNER/S**

Current ownership: Sole owner/pharmacist  Partnership  Pharmacists' Body Corporate

Details of all current owners/members of a pharmacist body corporate to be completed. If more than six pharmacists, please attach a separate schedule.

Pharmacist 1:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Sole owner/pharmacist  Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 2:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 3:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 4:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 5:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 6:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

**1. PHARMACY OWNERSHIP DETAILS TO BE REGISTERED**

1.1 Is the pharmacy to be owned by:

Pharmacists' Body Corporate/s  (Complete 1.2 to 1.9 inclusive)

Pharmacists' Body Corporate/s and other pharmacist/s  (Complete 1.2 to 1.10 inclusive)

1.2 Summary of proposed ownership structure

Please complete the following sections as applicable and attach a separate schedule summarising the proposed structure (see 7 - 'Document Schedule').

1.3 Pharmacists' Body Corporate/s

Number of Pharmacists' Body Corporates \_\_\_\_\_

\*if more than one Pharmacists' Body Corporate, please attach a separate schedule (1.4 to 1.9) for each.

1.4 Pharmacists' Body Corporate details

Registered name of Corporation \_\_\_\_\_

(ASIC Certificate of Registration and Current ASIC Company Extract And Shareholders' Agreement must be attached, see 7 - 'Document Schedule')

ACN \_\_\_\_\_

Total number of members (directors/shareholders) in the Pharmacists' Body Corporate \_\_\_\_\_

**All directors & shareholders of the Pharmacists' Body Corporate are to complete details.**

Pharmacist 1:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

(please tick) Director  Shareholder

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 2:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

(please tick) Director  Shareholder

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 3:

F Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
 (please tick) Director  Shareholder   
 Do you have an interest in other pharmacies in NSW? Yes   
 No   
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 4:  
 Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
 (please tick) Director  Shareholder   
 Do you have an interest in other pharmacies in NSW? Yes   
 No   
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 5:  
 Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
 (please tick) Director  Shareholder   
 Do you have an interest in other pharmacies in NSW? Yes   
 No   
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 6:  
 Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
 (please tick) Director  Shareholder   
 Do you have an interest in other pharmacies in NSW? Yes   
 No   
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

1.5 Pharmacist appointed to be responsible for compliance with display of owner's name and display of drug prices in accordance with the *Price Information Code of Practice*.

[NB: Only applicable to exempted Body Corporates' and Friendly Societies, see Guide Note 8 - Pre-existing Non Pharmacist Ownership structures]

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

1.6 Does the Pharmacists' Body Corporate act as a trustee of any Trust?

Yes   
No  (Go to 1.10)

1.7 What is the name of the Trust?

\_\_\_\_\_  
(Trust Deed must be attached, see 7 - 'Document Schedule')

1.8 Who are the beneficiaries/unitholders/trustees (if more than one trustee) of the Trust?  
(All must hold General Registration)

Pharmacist 1:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 2:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 3:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 4:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 5:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 6:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

1.9 The trust deed will be reviewed for compliance with the Law. If the trust is deemed non-compliant and a Trust Certification Checklist and Schedule of Amendments is required, you will incur a fee for the drafting of the Trust Certification Checklist and Schedule of Amendments. The fee will vary according to the complexity of the arrangements and the number of trusts involved and will be in the vicinity of \$2200.00 plus GST per trust deed. [See Guide Note 6 - Trusts]

I/we acknowledge that the Trust deed will be reviewed and may, if deemed non-compliant, require the drafting of the Trust Certification Checklist and Schedule of Amendments. Should this occur, I/we undertake to meet the cost of the drafting of the Trust Certification Checklist and Schedule of Amendments on issue of an invoice from the Council.

\_\_\_\_\_  
Signed on behalf of the Pharmacists' Body Corporate

\_\_\_\_\_  
Please print full name

1.10 'Other Pharmacist/s'

**Note:** This section is to be completed by 'other pharmacist/s', that is, any pharmacist who is to hold a financial interest in the pharmacy in his or her own capacity.

Both 1.4 and 1.10 must be completed by pharmacists who are to hold a financial interest in the pharmacy in their own capacity and as a shareholder and/or Director of a Pharmacists Body Corporate.

Number of 'other pharmacist/s' \_\_\_\_\_

(If there is more than one 'other pharmacist', the Partnership Agreement between these pharmacists is to be attached see 7 - 'Document Schedule')  
[See Guide Note 4 "pharmacist" Partnership]. If not in print, provide details of the arrangements including the rights, obligations and liabilities of each partner.)

Pharmacist details

\*If more than six pharmacists please attach a separate schedule.

Pharmacist 1:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 2:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 3:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 4:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 5:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 6:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

## 2. ESTABLISHMENT DETAILS

The Law and the Regulation allows the Council access to relevant documentation for the purchase of a pharmacy. This section requires the disclosure of prescribed documents detailing the financial and other arrangements for the conduct of the pharmacy business.

### 2.1 Contract of sale/purchase agreement

Is there a signed exchanged Contract of Sale or Purchase Agreement?

Yes  No

If **yes**, it must be attached (See 7 - 'Document Schedule').

### 2.2 Details of Finance: Borrowed Funds / Personal Contributions

[see Guide Note 9 'Financial Arrangements']

(Loan/Finance Agreement/documentation & Statutory Declaration (if applicable) must be attached, see 7 - 'Document Schedule')

Pharmacist 1:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 2:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 3:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 4:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 5:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 6:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

**Total Finance** \$ \_\_\_\_\_

\* a statutory declaration must be completed and attached wherever an applicant is contributing to the cost of finance through his or her own personal funds (see Annexure A).

See Guide Note 9 'Financial Arrangements' for information about completing the statutory declaration including who may act as a witness to a statutory declaration in NSW.

### 3. DETAILS OF LEASE OF PREMISES



[Lease agreement of premises/transfer of lease document must be attached, see 7 - 'Document Schedule']

- 3.1 Will the pharmacy premises be leased? Yes   
No  (Go to 3.8)
- 3.2 Is this a new lease? Yes   
No
- 3.3 Is this a transfer of an existing lease? Yes   
No
- 3.4 Is the lease a sub-lease? Yes   
[see Guide Note 10 'Lease of Premises'] No

3.5 Complete the following lease details (of the new or transferred lease):

Head Lessor Name \_\_\_\_\_

Lessor Name \_\_\_\_\_  
(sub-lease)

Lessee Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.6 What is the expiry date of this lease? \_\_\_\_\_

- 3.7 Does the lease have a percentage of turnover clause? Yes   
[see Guide Note 10 'Lease of Premises'] No

**Note:** Any provision or clause in a lease agreement which provides that the lessor is to receive money, or other consideration, that varies according to the turnover of the pharmacy, is **void**.

3.8 Other arrangement or understanding whether formal or informal, whether express or implied (please specify) and attach information explaining the arrangement. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. PROFESSIONAL SERVICES ROOM

Are you intending to establish a Professional Services Room associated with this pharmacy?  
[Professional Service Rooms are approved premises associated with, but separate to, the pharmacy and are limited to preparation and packaging, see Guide Note 13 'Professional Services Room Requirements']

Yes\*   
No

\*If **yes** please also attach an application for 'Professional Services Room'.

#### 5. SERVICE ENTITIES

5.1 Will a Service Entity be operating in association with this pharmacy?  
[See Guide Note 7 'Service Entities']

Yes   
No  (Go to 6)

5.2 Service Entity name \_\_\_\_\_

ABN \_\_\_\_\_ ACN \_\_\_\_\_

5.3 What form is this Service Entity?  
(e.g. Trust, Service Company etc) \_\_\_\_\_

5.4 If a Trust, what is the name of the Trust? \_\_\_\_\_  
(Copy of Trust Deed is **not** required)

5.5 Is there a Service Agreement? Yes\*   
No

(\*If **yes** you must attach Service Agreement, see 7- 'Document Schedule' if no, you must attach information explaining the arrangements or understanding, whether formal or informal, whether express or implied)

## 6. OTHER ARRANGEMENTS

6.1 Franchise /Banner Group

(a) Is this pharmacy to be part of a franchise or banner group?

Yes\*   
No  (Go to 7)

(\*If **yes** you must attach Franchise or Banner Group Agreement, see 7- 'Document Schedule')

(b) Will this arrangement involve a Licence Agreement or Management Services Agreement?

Yes\*   
No

(\*If **yes** you must attach Licence Agreement or Management Services Agreement, see 7 - 'Document Schedule')

**Note:** Any provision or clause in an agreement that provides that the licensor or non-pharmacist entity is to receive money, or other consideration, that varies according to the turnover of the pharmacy, is **void**.

## 7. DOCUMENTS REQUIRED

The Law permits the Council to request copies of any documents in support of this application. All relevant documents in the schedule below are to be lodged together with this application.

Any unsigned documentation will not be accepted.

### DOCUMENT SCHEDULE

(Please tick)

Document description	Document Attached	Not Applicable
Summary of Ownership Structure	<input type="checkbox"/>	<input type="checkbox"/>
ASIC Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
Current ASIC Company Extract	<input type="checkbox"/>	<input type="checkbox"/>
Shareholders Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>
Partnership Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Contract of Sale/Purchase Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration (Annexure A)	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration (Annexure A)	<input type="checkbox"/>	<input type="checkbox"/>
Lease agreement of premises/Transfer of lease	<input type="checkbox"/>	<input type="checkbox"/>
Service Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Licence/Management Services Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Any other agreement, arrangement information or details required to be attached to/included with this form.	<input type="checkbox"/>	<input type="checkbox"/>

## 8. CONSIDERATION OF APPLICATION BY COUNCIL

All Applications are subject to Council approval. Completed Applications will be considered at the next monthly Council Meeting.

**Incomplete applications:** An application that remains incomplete, or not listed for approval, within 3 Council meetings of the lodgement, will be considered withdrawn, and a new application and fee will need to be lodged.

The Council Secretariat can be telephoned **after 11am on the day following** the meeting in order to find out the outcome of the application. Correspondence in respect of approvals will be mailed within **10 working days** of the Council Meeting.

**Note:** Following confirmation of approval, it is the applicant's responsibility to notify the Department of Human Services/Medicare Services.

A **Notice of Completion** must be lodged following settlement or transfer of ownership of a pharmacy business. The register of pharmacies will only be updated on receipt of the Notice of Completion.

## 9. SIGNATURES AND DECLARATIONS

**All pharmacists either purchasing or retaining a financial interest in the pharmacy must sign.**

The following signatures are a declaration by the pharmacist(s) that the information provided in this application is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Pharmacist 1:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:  
Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 2:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:  
Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 3:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:  
Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 4:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:  
Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURES AND DECLARATIONS cont.**

Pharmacist 5:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:  
Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 6:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:  
Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Vendors must submit a 'Notice of Disposal of Financial Interest in a Pharmacy' if fully disposing of their interest in this pharmacy. Such Notice must be lodged within 14 days of selling/transferring the interest. The Register of Pharmacies will be updated on receipt of the 'Notice of Completion'.

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**Application for Change of Pharmacy Ownership/ Pharmacists' Body Corporate Payment**

Under Division 81 of the Goods and Services Tax Regulation, the Treasurer has determined that the application fee is exempt from the Goods and Services Tax (GST).

**Application fee: \$550 for each new financial interest**

(refer to 'The Guide' for assistance in determining the fee payable for this application)

Cheque  Made payable to the **Pharmacy Council of New South Wales**

Credit Card  Complete details below

Name on the card \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Visa  MasterCard

Card Number

Expiry date \_\_\_\_ / \_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
(please indicate amount to be debited)

We accept Visa or MasterCard only.

