

Vital360 & Therapy Partnership Program

SLEEP SOLUTIONS

Air Liquide Healthcare PTY. LTD. ABN 41002 653 045

Direct Debit Request (DDR) and Credit Card Direct Debit Request (CCDDR)	ALH Debtor ID	Office ID
Customer Authority		
I/We (Name of Customer/s giving the DDR* or CCDDR* - (*Tick which method) First Name Middle Name Last Name	DO	DB
Customer Details		
Phone 1 (Home) Phone 2 (Mobile) Email Address		
Details of the account to be debited		
Name of the Financial Institution at which your account is held Branch	Name	
Address of the Financial Institution	Po	st Code
Account Name ABN/AF	RBN	
BSB Number Account number Branch	Name	
Details of the card type to be debited		
Please tick card type VISA Mastercard		
Bank/Financial Institution		
Card Holders Name		
Credit Card Number	Expiry Date	
Vital360 Program		
Special Terms	Standard Value	Premium Value
Minimum Term	6 months	6 months
Daily Fee	\$1	\$3
PAP Mask Fee	\$299	\$199
Breakdown Service (We will provide you with a replacement unit during the time your unit is being repaired)	During Warranty Period	Life of PAP Machine

Office Use Only				
			ALH Debtor ID	Office ID
GOV Program				
Item Description			Monthly Fee	Monthly Rental
			\$4.56	
Vital360 Equipment				
Vital360 Program (Tick one)		Item Description		
Standard Value				
Premium Value				
Therapy Partnership Pro	gram Daily Fees			
Item Code Item	m Description		Daily I	Fee
Therapy Partnership Prog	gram Advance Fees			
Item Code Item	m Description		Advar	nce Fee
Declaration				
I/We, the Customer named he Vital360, Therapy Partnership	erein, authorise and request Air Liquide Program or GOV) from my/our accour	nt at the Financial Institution	identified above through the Bulk	«Electronic
I/We, the Customer named he Vital360, Therapy Partnership Clearing System (BECS) as pe		nt at the Financial Institution	identified above through the Bulk	« Electronic
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Office Use Only ALH Debtor ID Office ID Policies & Agreements Vital360 & TPP Agreement au.healthcare.airliquide.com/therapy-partnership-program-agreement Direct Debit Request Service Agreement au.healthcare.airliquide.com/direct-debit-request-service-agreement Connected Care Agreement au.healthcare.airliquide.com/connected-care-agreement CPAP/Bi-Level Orientation Checklist au.healthcare.airliquide.com/orientation-checklist

au.healthcare.airliquide.com/credit-reporting-policy

au.healthcare.airliquide.com/privacy-policy

Signature

Privacy Policy

Credit Reporting Policy

Please carefully read the terms and conditions as set out in the Vital360 & Therapy Partnership Program Agreement, Direct Debit Request Service Agreement, Connected Care Agreement and Orientation Checklist (which form part of this agreement. Links to each of these documents are set out above.

If you have any general questions or concerns in relation to the terms and conditions in the above documents, please don't hesitate to discuss these with a member of our team. If you require guidance as to your individual legal rights under this agreement then we would encourage you to seek independent advice before proceeding.

I acknowledge that I have been advised by Air Liquide Healthcare that the CPAP machine supplied to me has been set according to the prescription from my medical practitioner.

I have read, understood and agree to the terms and conditions of the Vital360 & Therapy Partnership Program Agreement.

I have read, understood and agree to Air Liquide Healthcare's Credit Reporting Policy and Privacy Policy and consent to the collection, use and disclosure of my personal information in accordance with the Privacy Policy

I have read, understood and agree to the Direct Debit Request Service Agreement.

I have read, understood and agree to follow any guidance contained in the CPAP/Bi-level Orientation Checklist.

I have read, understood and consent to the Connected Care Agreement.

I acknowledge that Air Liquide Healthcare has not made any claim or representation as to the effectiveness of the treatment prescribed by my physician(s). I acknowledge that Air Liquide Healthcare has informed me, and I agree that they will not assume any responsibility or liability for the success, failure, or effect of any treatments performed with the equipment.

I consent to Air Liquide Healthcare providing my personal information to my medical practitioner/s, my insurer, or the paying government agency.

I would like to receive updates from Air Liquide Healthcare Pty Ltd about products, services, promotions, special offers, news and events

Signature Date	
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