

# Membership Application Form

## Important information about procedures for opening an account with Ormita

In order to open an account with a credit line we are required to verify certain details about you and your company. In filling out this application form you hereby authorise Ormita Limited to obtain information about you from a business that provides information about commercial credit worthiness as well as any referees provided on this document. Accounts without credit lines may also be verified to ascertain the suitability of the business for Ormita membership.

For any enquiries contact your local Ormita representative. Forms may also be sent to

Ormita Limited PO Box 16120 Pittsburgh PA 15242 Facsimile: (412) 360 8403	Ormita Australia Limited PO Box 638 Booval QLD 4304 Facsimile: (07) 3123 5908
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### INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

▶ **COMPLETE USING ALL CAPITAL LETTERS**

▶ You must be 18 years of age or over

▶ You must complete all questions

▶ Please place a cross **X** in the appropriate boxes

Incomplete applications can not be processed and will be returned or destroyed

### REFERRAL INFORMATION

Please tell us how you found out about Ormita

Internet  Newspaper  Radio  Referral

If referred by another person please provide their details:

First Name

Last Name

Company Name

Telephone Number

### YOUR LEGAL BUSINESS DETAILS

Full Legal Name of Business

Trading Name (if the same write 'as above')

Type of Business

Registered Number / EIN

Registered Company \_\_\_\_\_

Foreign Company \_\_\_\_\_

Registered Business \_\_\_\_\_

Registered Charity \_\_\_\_\_

Sole Trader SSN \_\_\_\_\_

Trading Trust \_\_\_\_\_

Registered Office Address (May be different from trading address and postal address)

Suburb

City

State

Post Code

### APPLICATION TYPE Please mark ONE box only with a cross X

**Plan 1**

Payment by credit card processing on the 15<sup>th</sup> of each month for ongoing fees by Company.

**Plan 2**

Company check by the 15<sup>th</sup> of each month. If no check received by the 15<sup>th</sup> we will automatically deduct your credit card

Transaction Fee Buy **0%**

Transaction Fee Sell **7%**

Monthly Fee\* **\$0**

Buying Schedule\*\* **\$495**

Transaction Fee Buy **0%**

Transaction Fee Sell **10%**

Monthly Fee\* **\$5**

Buying Schedule\*\* **\$795**

\* See Terms and Conditions. \*\* Upon receiving your application your client director will work with you to develop a cash savings buying schedule.

### CREDIT CARD INFORMATION

Name on Card

Amex  Diners  MasterCard  Visa

Card Number

Expiry Date

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CSV

Last 3 digits on back of credit card

Billing Zip Code

First 5 digits of address if different to billing address

I authorise the above credit card to be charged for my buying schedule, transaction fees, monthly fee and any other fees as per the Terms and Conditions of Membership.

Signature of card-holder

**X SIGN HERE**

#### NOTICE

By signing I verify that I am the authorised cardholder

Date

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### CREDIT LIMIT REQUEST

Credit lines are provided on the basis that they must be repaid within a reasonable amount of time (between 3 - 6 months). Credit lines are revolving unless otherwise stated.

Credit Limit Requested

\$

Large credit limits may require a separate personal guarantee

## PHYSICAL ADDRESS

Address

Suburb

City

State

Post Code

## POSTAL ADDRESS

Postal Address

Suburb

City

State

Post Code

## OTHER CONTACT DETAILS

Telephone

( )

Mobile Phone

( )

Facsimile

( )

Email Address

@

Website Address

WWW.

## OWNER OF BUSINESS CONTACT DETAILS

First Name

Last Name

Home Address

City

State

Postcode

Home Telephone

( )

Social Security Number:

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## FINANCIAL DETAILS

Year First Registered

Year Started Trading

### Annual business income

Gross <b>annual</b> income	\$ <b>ANNUAL</b>
Net <b>annual</b> profit	\$ <b>ANNUAL</b>
Other <b>annual</b> business income (e.g. depreciation / shares etc)	\$ <b>ANNUAL</b>

### Assets

Stock on hand	\$ <b>VALUE</b>
Furniture and fittings	\$ <b>VALUE</b>
Motor vehicle(s)	\$ <b>VALUE</b>
Other (e.g. shares, investments etc)	\$ <b>VALUE</b>

### Accountants details (if applicable)

Name of firm	
Contact person	
Phone number	
Email address	@

## BUSINESS REFERENCES

### Business Reference #1

Company Name

Contact Person

Telephone

Annual Trade Volume

### Business Reference #2

Company Name

Contact Person

Telephone

Annual Trade Volume

## OTHER TRADING DETAILS

If you are a member of another barter exchange please provide the details here

Name of Exchange

Active  IMS  Itex  Trade Bank  Tradia

Other \_\_\_\_\_

**BUYING NEEDS**

**Business Needs**

<input type="checkbox"/> Accounting Services	\$ MONTH
<input type="checkbox"/> Advertising	\$ MONTH
<input type="checkbox"/> Automobile	\$ YEAR
<input type="checkbox"/> Building Maintenance	\$ MONTH
<input type="checkbox"/> Charitable Donations	\$ YEAR
<input type="checkbox"/> Communications	\$ MONTH
<input type="checkbox"/> Entertainment	\$ MONTH
<input type="checkbox"/> Investing	\$ YEAR
<input type="checkbox"/> Legal Services	\$ YEAR
<input type="checkbox"/> Marketing & Design	\$ MONTH
<input type="checkbox"/> Office Equipment	\$ YEAR
<input type="checkbox"/> Office Supplies	\$ MONTH
<input type="checkbox"/> Promotional Give-Aways	\$ MONTH
<input type="checkbox"/> Staff Incentives	\$ MONTH
<input type="checkbox"/> Travel	\$ MONTH
<input type="checkbox"/> Other	\$ MONTH

**Personal Needs**

<input type="checkbox"/> Automobile	\$ YEAR
<input type="checkbox"/> Education	\$ YEAR
<input type="checkbox"/> Fitness	\$ MONTH
<input type="checkbox"/> Gifts	\$ MONTH
<input type="checkbox"/> Health & Beauty	\$ MONTH
<input type="checkbox"/> Home Maintenance	\$ YEAR
<input type="checkbox"/> Personal Interests / Hobbies	\$ MONTH
<input type="checkbox"/> Special Events	\$ YEAR
<input type="checkbox"/> Travel / Holidays	\$ YEAR
<input type="checkbox"/> Other	\$ MONTH

**SERVICES ON OFFER**

Please provide us with details of the types of goods and/or services you are willing to sell via Ormita

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**SPECIAL CONDITIONS**

List any months you do not accept trade (e.g. peak holiday seasons etc)

List any other special conditions of selling

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**VERIFICATION PROCEDURE**

**IMPORTANT** - In order to verify your application details you must:

- Attach a legible copy your documents of incorporation (Company / Business Registration Certificate)
- Sole Traders must attach a copy of their drivers license, passport, birth certificate or other government issued form of identification
- Attach a copy of a recent business bill with your company address printed on it

ID DOCUMENT DETAILS	DOCUMENT 1	DOCUMENT 2
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Copy	<input type="checkbox"/> Original <input type="checkbox"/> Copy
Document Issuer		
Issue Date		
Expiry Date		
Document Number		

## DECLARATION

By signing below the applicant(s) confirms that they:

- 1) have read and agree to the 'Terms and Conditions' of Membership in Ormita Limited;
- 2) are a Resident of the country where the application is being made and am 18 years of age;
- 3) are not an undischarged bankrupt;
- 4) are not subject to any current liquidation / receivership / recovery proceedings;
- 5) consent to the disclosure of their information and authorise Ormita or its representatives to make enquiries and exchange and retain information as to their credit worthiness;
- 6) authorise their accountant, referees and credit reporting agencies to provide Ormita or its representatives with details of their credit and trading histories;
- 7) certify that the information provided in this application is true and complete.

Signature of **Applicant**  
**X**      **SIGN HERE**

Date  
D D / M M / Y Y

Full Name of **Applicant**

Occupation

Signature of **Witness**  
**X**      **SIGN HERE**

Date  
D D / M M / Y Y

Full Name of **Witness**

Occupation

**If you provide all the necessary information with your application and your application is approved, you will receive an email with your account details within 5 working days, and your welcome pack will be delivered within 10 working days.**



Fax your completed form to us

USA: (412) 360 8403    Australia: (07) 3123 5908



Mail your completed form to:

PO Box 16120, Pittsburgh, PA 15242. United States of America  
PO Box 638, Booval, QLD 4304. Australia



Apply online at [www.ormita.com](http://www.ormita.com)



Scan your form and email it to: [applications@ormita.com](mailto:applications@ormita.com)

**Remember to include copies of your business and/or personal identification documents with this application form**