

Request to Cancel Additional Card(s)

Important information

- All cards to be cancelled are to be cut diagonally in half and returned with this request.
- Any direct credit or automatic transfer arrangements for cancelled cards will not be transferred.
- Please allow up to 10 working days for Ormita to process your request.

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 FORM

- COMPLETE USING ALL CAPITAL LETTERS**
 - Attach all cards to be cancelled (cut cards diagonally first)
 - 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

PRIMARY ACCOUNT HOLDER DETAILS

Primary contact and authorized company signatory

First Name	Last Name
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Company Name

Postal Address on Account *(May be different from company and trading address)*

Suburb

City

State	Post Code
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Telephone ()

Mobile Telephone ()

Facsimile ()

Email Address @

Existing Card Number / Account Number

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I understand that: 1) I authorise the fulfilment of the attached request(s) to cancel access to the nominated people specified herein. 2) As the primary account holder / representative I agree that our main account shall be responsible for all debts incurred by the Additional cardholder(s) until I receive acknowledgement of their cancellation. 4) I have checked the cardholder details given in this application and declare they are true, complete and accurate. 5) I have read, understand and agree to the relevant important information printed on the next page.

Signature of Authorized Account Holder	Date
X SIGN HERE	M M D D Y Y

LIST ALL OF THE CARDS YOU WISH TO CANCEL

First Name	Last Name
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Date of Birth	Reason for Cancellation
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Card Number / Account Number

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First Name	Last Name
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Date of Birth	Reason for Cancellation
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Card Number / Account Number

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First Name	Last Name
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Date of Birth	Reason for Cancellation
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Card Number / Account Number

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First Name	Last Name
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Date of Birth	Reason for Cancellation
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Card Number / Account Number

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If any of the cards cannot be returned please explain why:

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ACCOUNT HOLDERS AUTHORITY

On the date that Ormita Limited finalizes the cancelled card(s) I authorize Ormita to:

- Terminate the card(s) nominated on this request.
- Transfer any outstanding balance(s) including any unposted transactions from the cancelled card(s) to the continuing account / master account.

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All cancelled cards must be cut diagonally in half and returned with this request.

AUTHORITY TO PROVIDE INFORMATION TO LICENSEES AND AGENTS

I authorise Ormita to provide the following information to its licensees, agents or assignee for the purposes of calculating and tracking commissions:

- approval or non-approval of any application;
- financial particulars relating to the additional card(s) and my account;
- the credit limit, card type, account name and number of my account;
- end of month additional card(s) account balances;
- the date any additional card(s) are cancelled or closed;
- details of any default on the additional card(s); and
- any other information regarding the status of my account and the additional card(s) that might affect the payment of the Licensee or Agents commission.