

Important information about procedures for opening Non-Profit "In-Kind" Donation Account with Ormita

In order to open we are required to verify certain details about you and your organization. Please complete the enclosed application form as best you can.

Once this document is complete and approved you will receive a complete pack of materials to help you make the most use of the "In-Kind" donation service. There are no fees to use this service for Non-Profit Organizations or their donors.

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

Ormita Limited
PO Box 16120
Pittsburgh PA 15242

Ormita Australia Limited
PO Box 638
Booval QLD 4304

Facsimile: (412) 360 8403 Facsimile: (07) 3123 5908

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

Please attach a copy of your organizations Corporate Profile and/or marketing material to this application form

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

INFORMATION ALREADY RECIEVED

Please tick which of these documents you have already received:

- Affiliate Program Overview
- Affiliate Program Guide Book (8 pages)
- Non-Profit PowerPoint Presentation
- Ormita Corporate Profile
- "Think Green" Environmental Commitment Program Overview
- "In-Kind" Program Guide Book (8 pages)
- Donations and Tax Deductions Brochure

YOUR ORGANISATIONS DETAILS

Full Legal Name of Organisation

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

Type of Organization

Registered Number / EIN

- Registered Charity _____
- Club / Community Group _____
- Registered Society _____
- Educational Institute _____
- Unincorporated Society _____
- Foundation / Trust _____

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

Suburb

City

State

Post Code

PHYSICAL ADDRESS

Physical Address

Suburb

City

State

Post Code

POSTAL ADDRESS

Postal Address

Suburb

City

State

Post Code

DECLARATION

By signing below the applicant organisation 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 are 18 years of age;
- 3) are not subject to any current liquidation / receivership / recovery proceedings;
- 4) 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;
- 5) authorise their accountant, referees and credit reporting agencies to provide Ormita or its representatives with details of their credit and trading histories;
- 6) 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
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Full Name of **Applicant**

Occupation

Signature of **Witness**

X **SIGN HERE**

Date

D	D	/	M	M	/	Y	Y
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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



Scan your form and email it to: applications@ormita.com

Remember to include copies of your organisations incorporation/registration documents with this application form along with 4 copies of your promotional materials

INTERNAL USE ONLY

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		