

Advance Movements Application Form

All sections must be completed before a TAX Invoice can be issued. Please read the notes over the page before signing. By applying for an advanced movement you acknowledge & accept the terms of the Conditions of Use for Camden.

AIRCRAFT & OWNERS DETAILS

Aircraft Registration
 Aircraft Type
 MTOW

The aircraft details are based on CASA records of your aircraft type and MTOW.

Certificate of Registration Holder / Aircraft Operator:

Name
 Address
 Phone: Business
 Mobile
 After Hours
 Email

Movement Details

Below please tick the number of movements you wish to purchase, also indicate a start date from when the movement period will commence. (Please refer to the Offer letter for the rates)

50 movements 100 movements 250 movements 500 movements

Start Date: **Expiry Date: 12 months from start date**

Signature of person completing this form

Cheques payable to: **Camden Airport Limited** OR to pay by Mastercard, Visa or Bankcard by calling the **Accounts Receivable Officer 02 9796-2300**

| | |
|------------------|----------------|
| Amount Pre GST: | \$..... |
| GST: | \$..... |
| Total Due | \$..... |

Advance movements Payment Form

This form is to be completed for aircraft operating at **Camden Airport**. Liability for aeronautical charges resides with the Certificate of Registration Holder of the aircraft. Statements of account and invoices will be directed to the Certificate of Registration Holder unless written notification is received that the holder of the Certificate of Registration was not the operator of the aircraft at the time of the use. Notification must detail the name and address of the operator at the time of use.

If any of the supplied details change, a new form is to be completed and submitted to the Bankstown Airport Limited – PO Box 6450, Wetherill Park NSW 1851.

IMPORTANT NOTE:

Advance movements CANNOT be backdated nor transferred between aircraft. Payments that are in excess of one month from Start Date will not be accepted without prior notification and written approval from BAL management.

OFFICE USE ONLY

| | | | |
|---------------|-------|------------|-------|
| Account No: | _____ | Cash: | _____ |
| Invoice No: | _____ | EFT No: | _____ |
| | | Cheque No: | _____ |
| Payment Date: | _____ | Bank: | _____ |
| Amount | _____ | Drawer | _____ |

Advance movements Payment Option

The advance movement plan can be paid in full by either Cheque, Direct Debit from a nominated Bank account or Credit Card (i.e. MasterCard or Visa).

A payment installment plan is available for purchase of a **500 movement plan ONLY**. This requires **50% down payment** by either Credit Card or Direct Debit of your nominated Bank account, with the balance payable in 7 equal installments. The balance of the 10 equal installments **MUST** be paid by either direct debit from your bank account or by Credit Card (MasterCard / Visa).

Full payment for advance movements plan please complete the following payment details.

Full amount

| | | |
|---------------------------------------|----------|---|
| <input type="checkbox"/> Cheque | \$ _____ | |
| <input type="checkbox"/> Credit Card | \$ _____ | (Please fill in Credit Card details below) |
| <input type="checkbox"/> Direct Debit | \$ _____ | (Please fill in Direct Debit details below) |

Payment Installment for 500 movements plan only

IMPORTANT Payment will be taken in full when the movements are used up prior to expiry.

50 % Payment & 10 equal monthly payments

| | | |
|--|----------|---|
| <input type="checkbox"/> Cheque 50 % | \$ _____ | |
| <input type="checkbox"/> Credit Card 50 % | \$ _____ | (Please fill in Credit Card details below) |
| <input type="checkbox"/> Direct Debit 50 % | \$ _____ | (Please fill in Direct Debit details below) |

And please debit 10 equal monthly payments from either (Processed every first day of each month)

| | | |
|---------------------------------------|----------|--------------------------------------|
| <input type="checkbox"/> Credit Card | \$ _____ | (Per Month) First Payment Date _____ |
| <input type="checkbox"/> Direct Debit | \$ _____ | (Per Month) First Payment Date _____ |

Credit Card Details

Please circle the following Credit Card **Mastercard / Visa**

| | |
|---|-------------------------|
| Credit Card _____ / _____ / _____ / _____ | Expiry Date ____ / ____ |
| Name on Card: _____ | Signature _____ |

Customers' Authority (Direct Debit Request)

I/We (Customers Name) _____ **authorize you** (Name of Debit User) Camden Airport Limited APCA User ID Number 304484 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorization is to remain in force in accordance with the terms described in the (Service Agreement).

Signature (s) (1) _____ (2) _____ Date _____

If debiting from a joint account, both signatures are required

Account Name _____ Financial Institution _____

BSB Number _____ Account Number _____ Branch name _____

**Camden Airport Limited
Direct Debit Request (DDR) Service Agreement**

Please ensure that you have read the following before sending in the Direct Debit Request.
Please retain this page for your records.

We may vary this agreement at any time by giving you at least 14 days notice.

By signing a Direct Debit Request (DDR), you request and authorise us to arrange for funds to be debited from your account as provided in this Service Agreement.

The payment will be deducted from your nominated account on the payment due date specified in the DDR. If the due date for payment falls on a non-working day or a national public holiday, the payment will be processed on the next working day.

It is your responsibility to:

- a) Ensure that you have sufficient cleared funds available in the nominated account when payment is to be drawn to allow for the payment of Debit Items according to the relevant DDR.

If you do not have sufficient funds, the:

- o The payment will be regarded as not having been made
 - o An administration fee may be charged to your account
 - o If the nominated account is conducted with the Commonwealth Bank then we may, on a day subsequent to the payment due date, attempt to debit funds from your account
 - o We reserve the right to cancel the Direct Debit arrangement if three (3) debits are returned unpaid by your financial institution. We will advise you in writing if this occurs.
- b) Advise us if your nominated account is altered, transferred or closed
 - c) Ensure that suitable arrangements are made if the Direct Debit is cancelled by yourself; by your nominated financial institution, by us due to three (3) returned unpaid debits; or for any other reason
 - d) Ensure that your account can accept direct debits.

You should be aware that:

- a) Direct Debiting is not available on all accounts
- b) Account details should be checked against a recent statement from your financial institution. If you are in any doubt, you should check with your Ledger Financial Institution before completing the Direct Debit Request.

You may do the following by contacting us 14 business days in advance on (02) 9790 2300 from 9am to 5pm, from Monday to Friday:

- a) change your nominated account;
- b) stop this Direct Debit arrangement; or
- c) cancel this Direct Debit request

Where you consider the debit is incorrect in the amount, you should contact us. We will keep all information pertaining to your nominated account at the financial institution private and confidential and we will not use it for any purpose not connected with this agreement, without your consent.