

QualifierPlus Subscription Form v2.2

First Name _____
Last Name _____
Email Address _____
Mobile Number _____
Daytime Telephone Number _____
Fax Number _____
Address _____

Suburb _____
State _____
Postcode _____
Brokerage Company _____
Company Name for Billing _____
Number of Users* _____

Tick at least one

QualifierPlus

- 1 User Annual Subscription \$65 + GST a month per user
- 1 User Casual \$100 + GST a month per user
- 5-10 Users Annual Subscription \$60 + GST a month per user
- 11-20 Users Annual Subscription \$55 + GST a month per user
- 21+ Users Annual Subscription \$50 + GST a month per user

CRM Activation

- \$25 + GST a month per user

CRM Enterprise

- CRM Enterprise Annual Subscription with Unlimited Users
\$350 + GST a month per company

Combined Bundle (Great Value)

- QualifierPlus, CRM Activation and CRM Enterprise 1 User
+ 1 Admin Annual Subscription \$150 + GST a month per company
- QualifierPlus, CRM Activation and CRM Enterprise 5 User
+ 2 Admin Annual Subscription \$495 + GST a month per company
- QualifierPlus, CRM Activation and CRM Enterprise 7 User
+ 3 Admin Annual Subscription \$595 + GST a month per company
- QualifierPlus, CRM Activation and CRM Enterprise 9 User
+ 3 Admin Annual Subscription \$695 + GST a month per company
- QualifierPlus, CRM Activation and CRM Enterprise 10 User
+ 4 Admin Annual Subscription \$795 + GST a month per company

Total Cost per Month (all users) _____

Signature _____

Date _____

* Please email a list of users & their email addresses to registration@qualplus.com.au

QualifierPlus Software Usage Agreement v2.2

Between – **OzMemory Pty Ltd** ('OzMemory')
of Suite 4A / 5 Mumford Place, Balcatta WA 6021 and

of (address) _____ (the Originator).

1. In consideration of the payment of a monthly maintenance fee by the Originator, OZMEMORY hereby grants to the originator a non-exclusive, non-assignable licence to utilise the software within Australia from the date of acceptance of this agreement.
2. This agreement is on a monthly basis commencing from the date of acceptance of this agreement.
3. The monthly fee will be exclusive of GST, payable monthly by direct debit.
4. A 30-day grace period begins on your subscription anniversary date. Unless the Originator cancels the subscription in the grace period, the Originator's subscription will be automatically renewed.
5. OZMEMORY retains the right to modify the monthly maintenance fee during the subscription period. The Originator will be notified of any fee increases and has the right to cancel the subscription within 30-days of the notification.
6. OZMEMORY retains the ownership and the copyright of the software during the term of this agreement.
7. The software must not be copied in whole or part at any time and the originator must notify OZMEMORY immediately of becoming aware of any unauthorised use or copying of the whole or part of the software.
8. The originator must not modify the whole or part of the software or combine or incorporate the whole or part of the software in any other program or system, and must not reverse assemble or reverse compile the whole or part of the software.
9. The originator acknowledges that no warranty/guarantee is given by OZMEMORY as to the absolute accuracy of the software, and that the software is used at the originator's own risk.
10. The originator does not rely on any advice or recommendations of OZMEMORY, it's Directors, or other contractors/employees as to the use of the software.

Signed by: _____

Printed Name of Signatory Signature

For and on behalf of: _____ Dated: _____

Name of Company/Trust (if applicable)

E-Mail Address for rate updates: _____

Tel: _____

Fax: _____

Signed by: _____

For and on behalf of **OzMemory Pty Ltd**

QualifierPlus Direct Debit Request v2.2

Customer's details in full

I/We:

Surname

Given Names

Company Name

A.B.N.

Address of Customer

Postcode

I hereby authorise and request EzyPay Pty Ltd on behalf of OzMemory Pty Ltd (QualifierPlus) until further notice in writing, to arrange for my/our account (as described in the schedule below), to be debited as specified below, provided that if no amount is specified, the amount may be debited with any amounts which the Debit User may properly debit or charge me/us through the Direct Debit System:

The Schedule

Details of account to be debited:

Note: Direct Debiting is not available on the full range of accounts.

If in doubt, please refer to your financial institution.

Account Name

BSB

Account Number

Frequency (tick a box)

Monthly Quarterly Annually in Advance

Amount to Debit

Copy total from Subscription Form. If Quarterly, times by 4. If Annually times by 12.

\$

I/We have read the Software Usage Agreement attached and agree to its terms.

I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Software Usage Agreement.

I/We confirm account details are correct and that the request is signed by required number of authorised signatories.

Customer Signature

Date of Signing

Customer Signature

Date of Signing