**Application for a Deferred Payment Plan**

**and Memorandum of Understanding**

**Please type in all details, save and email the completed document to**

**enquiries@ronecare.co.uk**

**Parties:**

**Ronecare Limited**

**And**

|  |
| --- |
| **Please Insert your Name, the Name of your Company, and your Business Address with Post Code** |

**Contact Details**

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| **I can be contacted by phone on the following Number(s)** |

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| **My email address is:**  **@** |

|  |  |
| --- | --- |
| **I wish to buy** | **Place cross as appropriate (Choose one only)** |
| **Domiciliary Care Products** |  |
| **Supported Living Products** |  |

**This is what I would like to buy:**

| **Product** | **Option** | **Price**  **(VAT included)** | **Please X the selected option** | **Cost (VAT inc)** |
| --- | --- | --- | --- | --- |
| **Complete Care Package** | **OPTION 1. I would like to buy the complete care package. I will personalise the material myself.** | **Deposit of £298.50 +**  **11 consecutive monthly payments of £101.76**  **(£30/month in years 2 and beyond)** |  | **1418**  **360** |
|  | **OPTION 2. I would like to buy the complete care package. I would like you to personalise the policies and procedures for me, and give me access to the personalised set, i.e. for download and print.** | **Deposit of £351.00 +**  **11 consecutive monthly payments of £119.65**  **(£48/month in years 2 and beyond)** |  | **1667**  **576** |
|  | **OPTION 3. I would like to buy the complete care package. I would like you to personalise the policies and procedures for me, and to print, bind and send them to me.** | **Deposit of £403.50 +**  **11 consecutive monthly payments of £137.55**  **(£66/month in years 2 and beyond)** |  | **1917**  **792** |
| **Policies and Procedures Only** | **OPTION 1. I would like to buy the Policies and procedures only. I will personalise the policies myself.** | **Deposit of £148.50 +**  **11 consecutive monthly payments of £50.62**  **(£30/month in years 2 and beyond)** |  | **705**  **360** |
|  | **OPTION 2. I would like to buy the Policies and procedures only. I would like you to personalise the policies and procedures for me, and give me access to the personalised set, i.e. for download and print.** | **Deposit of £201.00 +**  **11 consecutive monthly payments of £68.52**  **(£48/month in years 2 and beyond)** |  | **954**  **576** |
|  | **OPTION 3. I would like to buy the Policies and procedures only. I would like you to personalise the policies and procedures for me, and to print, bind and send them to me.** | **Deposit of £253.50 +**  **11 consecutive monthly payments of £86.42**  **(£66/month in years 2 and beyond)** |  | **1204**  **792** |

**Notes:**

**Option 1. After processing the first payment we will contact you with your log-in details and instructions on how to access the files.**

**Options 2 and 3. We will do exactly as Option 1, and will also contact you regarding the completion of a questionnaire, which we will need completed in order that we may personalise the policies.**

**When we have finished the personalisation process, then the files will be uploaded to your personal space on the Ronecare website.**

**Option 3 only. We will upload the personalised files to your personal space, and proceed to print them, put them into a folder, and post them to the nominated address.**

**If the address is different to the one given above, then please detail the delivery address here:**

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| **Delivery Address for the personalised set of Personalised Policies, if applicable.** |

**Payment details**

**Please debit my debit/credit card FOR ALL OF THE PAYMENTS REQUIRED as follows:**

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**Type of card (e.g. Visa, MasterCard etc):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Card Number – 16 digit -**

**CSV Security Number – 3 digit Please see below**

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**Name on Card:**

**Expiry Date: Please see below**

**Complete Billing Address for the card, including Post Code. Accuracy is essential, as errors cause delays.**

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| **Post Code** - |

**CSV Security Number and Expiry Date**

**For the purposes of your security, please send this information separately to a different email address -** [**sales@ronecare.co.uk**](mailto:sales@ronecare.co.uk) **at the time you submit this application. Alternatively email us with a contact telephone number and a member of staff will contact you for this information.**

**Please note we will take the first of the 11 deferred payments following the payment of the initial payment on the 1st day of the following month.**

**If at any time you wish to change the payment details, please let us know before we attempt to take the payment when it is due.**

**Memorandum of Understanding**

1. **I understand that access to files will be for one year only starting from the date upon which I am first granted access.**
2. **I understand that I will be invited to renew access privileges, which will be granted to me upon the payment of a fee.**
3. **I understand that all access rights to materials provided by Ronecare (the files, folders, guides, forms, etc.) are given to me and to no one else.**
4. **I understand that I have an obligation to protect the confidentiality and integrity of the materials I have access to, and may not pass them on to any third party, or allow any third party to gain access.**
5. **I understand that the materials provided by Ronecare are for my use, and my use only and may not be used for resale to any other person or organisation, either in their original or in any amended form.**
6. **I understand that if I default on any payment which is due, and this is not rectified within 21 days of the date the payment was due, then my access to materials will be cancelled and I will become immediately liable for the full balance remaining. The debt will be passed to a Debt Collection Agency, or we may take legal proceedings, whichever we think is appropriate. After the debt is paid in full, access to materials will be restored up to the end of the 12 month period originally envisaged.**

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| **Please print your name in CAPITALS** |

**I agree to the above:**

**By printing your name you accept this has the same legal effect as your signature**

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|  |

**Date:**

**Please save when completed and send by email to:**

**enquiries@ronecare.co.uk**

**Upon completion we would normally be in touch within 24 hours, excluding weekends with your Username and Password, (so that you may gain online access to documents) and further instructions if we have been asked to personalise Policies and Procedures for you.**