

BuyCycles Agreement

This BuyCycles Agreement is a referral to the BuyCycles Project

Customer name: Reference No (*for office use only*) _____

Phone number: Email:.....

Address:

Support worker name: Contact details

Organisation:

1. I willingly enter into this contract to purchase a bicycle.
I agree to purchase a good quality bike lock and helmet prior to getting the bicycle.
Locks and helmets can be purchased from the project for \$20 each

2. I will take care of the bicycle and ride it in a responsible manner and adhere to the road rules
I am responsible for the security of the bike at all times
I will not on-sell the bike in the term of this agreement
I understand that the BuyCycles project does not include insurance for theft or damage
If the bike is stolen or lost, payments will continue until the value of the bike is paid in full

3. If, for any reason, I no longer want the bicycle before it is paid off, I am to return the bike to the project. I understand that I will not receive a refund

4. If, for any reason, I am injured riding the bicycle I will not hold the BuyCycles project liable. I shall seek ACC assistance for any injury received while riding the bicycle

5. I agree to share my experiences of the BuyCycles project if requested

Which age group do you belong to?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> 19 years or under | <input type="checkbox"/> 20-29 years | <input type="checkbox"/> 30-39 years |
| <input type="checkbox"/> 40-49 years | <input type="checkbox"/> 50-59 years | <input type="checkbox"/> 60 years or over |

Are you?

- | | | |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> male | <input type="checkbox"/> female | <input type="checkbox"/> gender diverse |
|-------------------------------|---------------------------------|---|

Which ethnic group do you belong to? (Tick the box or boxes that apply to you)

- | | | |
|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Māori | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Tongan | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian | |
| <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan. <i>Please state</i>) _____ | | |

Please send this to meg.christie@cdhb.health.nz. The project will arrange an appointment

To be entered at first appointment:

BuyCycle's representative:

Customer Signature: **Date:**.....

Next of Kin: **Address**.....

Contact Details:

Type of bike required:

Size:

Maximum amount able to spend:

Extras:

To be entered once bicycle is purchased:

I agree to pay back \$..... every week/fortnight (delete one) until the full cost of the bicycle and helmet has been recovered. I understand I can apply to have payment holidays if necessary.

Payment start date:

Customer Name: **Signature:** **Date:**.....

Cost of the bicycle \$

Cost of lock and helmet (if applicable) \$

Total cost \$

Payment to Bank: Kiwibank

Account Name: Community Focus Trust

Account Number: **38 - 9018 - 0645983 - 07**

Photo of the bicycle

Serial number

Please phone Meg Christie if you require any more information 03 3786817 or 027 848 6927