



## Credit Limit Increase Request

By completing my details below, I would like to request an increase to the credit limit subject to the following:

- I understand that the minimum monthly payment required is:
  - nil if my closing balance is \$5 or less;
  - the closing balance if it is more than \$5 but less than \$10; or
  - the greater of 2.222% of the closing balance or \$10 if the balance exceeds \$10.
- I confirm that I will be able to make the minimum monthly payments (without financial hardship) if I use the full amount of the new credit limit.

### Minimum monthly payment if full credit limit used

Credit Limit	Minimum Monthly Payment	Credit Limit	Minimum Monthly Payment
\$500	\$11.11	\$5500	\$122.22
\$1000	\$22.22	\$6000	\$133.33
\$1500	\$33.33	\$6500	\$144.44
\$2000	\$44.44	\$7000	\$155.55
\$2500	\$55.55	\$7500	\$166.66
\$3000	\$66.66	\$8000	\$177.77
\$3500	\$77.77	\$8500	\$188.88
\$4000	\$88.88	\$9000	\$200.00
\$4500	\$100.00	\$9500	\$211.11
\$5000	\$111.11	\$10000	\$222.22

- If GE Money is unable to approve a credit limit up to the amount I have requested, I confirm that I am requesting an increase up to the maximum credit limit GE Money is able to approve.
- I agree to GE Money contacting me via SMS or email in relation to this request.

### Credit Limit Increase Request (PLEASE COMPLETE THIS SECTION)

Customer Full Name

Account or Reference Number

Mobile Telephone Number (OPTIONAL)

Email Address (OPTIONAL)

Requested Credit Limit \$

Customer Signature   Date  /  /

### WHAT YOU NEED TO DO NEXT

- Print (if on a website), complete, date and sign this form.
- Attach your latest **3 consecutive monthly statements** for your most active credit card or charge card. All pages must be included.
- Fax this form and statements to 1800 002 288 or mail to GPO Box 140, Melbourne, VIC 3001.

Office Use:  
**DIRECT VARN**