



Credit Limit Increase Request

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

- I understand that the minimum monthly payment required is:
 - nil if the closing balance is \$5 or less;
 - the closing balance if it is more than \$5 but less than \$30; or
 - the greater of 2.5% of the closing balance or \$30 if the balance exceeds \$30.
- 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	\$10.00	\$5500	\$137.50
\$1000	\$25.00	\$6000	\$150.00
\$1500	\$37.50	\$6500	\$162.50
\$2000	\$50.00	\$7000	\$175.00
\$2500	\$62.50	\$7500	\$187.50
\$3000	\$75.00	\$8000	\$200.00
\$3500	\$87.50	\$8500	\$212.50
\$4000	\$100.00	\$9000	\$225.00
\$4500	\$112.50	\$9500	\$237.50
\$5000	\$125.00	\$10000	\$250.00

- 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 1818, Melbourne, VIC 3001.

Office Use:
DIRECT VARN