

Practitioner Details *(Please complete if applying at a practitioner)*

Practitioner
 Suburb & State
 Contact Name
 Phone Number Fax Number

**“DO NOT PHOTOCOPY THIS FORM –
 Original required to ensure fax is handled promptly”**

I/We request a CREDIT LIMIT of \$ _____ ****MUST BE COMPLETED FOR CREDIT LIMIT INCREASES****

Personal Details

Card/Account Number
 First Names (Customer 1)
 Surname (Customer 1)
 Name of Employer (Customer 1)
 Occupation (Customer 1)
 Date of Birth Work Phone Number

First Names (Customer 2, if a joint account)
 Surname (Customer 2, if a joint account)
 Name of Employer (Customer 2, if a joint account)
 Occupation (Customer 2, if a joint account)
 Date of Birth Work Phone Number

Residential Address
 Postcode

Married/Defacto Employed No. of dependent children Home Ph Number (Customer 1) Mobile Number (Customer 1)

DIRECT VARN

Weekly income	Customer 1	Customer 2 <i>(Spouse/Partner or Joint Account Holder)</i>
Salary/Wages (after tax)	\$	\$
Self Employed/Sub contractor (after tax)	\$	\$
Pension/Self Funded Retiree	\$	\$
Family Allowance	\$	\$
Rental Property Income	\$	\$
Other (please specify)	\$	\$
TOTAL INCOME	\$	\$

If you have included your joint account holder's or partner's income above, then you need to include the total amount for you and your joint account holder or partner in the following fields:

ASSETS AND LIABILITIES

Assets	Value	Liabilities	Limit	Balance	Monthly Payments
Residence/Property/Land	\$	Mortgage/Rent/Board Primary/Other Residence	\$	\$	\$
Home Contents	\$	Visa/MasterCard/Bankcard	\$	\$	\$
Cheque/Savings account	\$	Store Retail Cards (excluding CareCredit)	\$	\$	\$
Investments (shares/bonds)	\$	Charge Card/Amex Card/Diners Club/Other	\$	\$	\$
Motor Vehicles	\$	Personal Loans/Vehicle Loans/Leases/Bank Overdraft	\$	\$	\$
Boats/Caravans	\$	Other (please specify)	\$	\$	\$
Other (please specify)	\$		\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$	\$

I/We acknowledge that the information provided above is true and correct and that no information which could influence GE Finance Australasia Pty Ltd (ABN 88 000 015 485) trading as GE Money's decision to grant credit to me/us incorrectly has been withheld. I/We acknowledge that if I/we do not provide the information sought in this form, my/our request for this credit limit increase may be declined. I/We acknowledge that I/we may be required by GE Money to supply further information not captured on this form.

I/We also acknowledge that the personal information collected from me/us:

- Will be used to assess my/our request for a credit limit increase and if approved, for loan administration, marketing and research.
- May be disclosed to GE Money and related companies, service providers and third parties where it is required or allowed by law or where I/we have consented.
- Can be accessed by me/us calling 1300 131 024.

I/We give GE Money permission to:

- Check my/our individual consumer and commercial credit files with a credit reporting agency.
- Provide personal information such as information that can identify me/us to a credit reporting agency.
- Exchange credit information with other credit providers named in my/our credit file.
- Obtain information on my/our financial position from my/our accountant if requested.
- (If applying at a Merchant) Disclose to and receive from the Merchant, named herein, personal information about me/us in connection with our application for finance, its processing and acceptance and the ongoing management of the account.

Signature of Customer 1 Date Signature of Customer 2 (if a joint account holder) Date