



### Credit Limit Increase Request

By completing my details below, I would like to request that 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	\$30.00	\$5500	\$137.50
\$1000	\$30.00	\$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 140, Melbourne, VIC 3001.

Office Use:  
**DIRECT VARN**