

Credit Limit Increase Application Form



Fax completed application to:
1300 301 304



OR Post to:
Unsecured Credit Acceptances, Reply Paid 3811, SYDNEY NSW 1005.

Before you complete this request, please be sure you can say "Yes" to the initial approval criteria:

- Do you have a good credit rating?
- Have not had a credit limit increase in the past 6 months?
- I have had my MasterCard for at least 9 months?

Your 16-digit MasterCard Account Number

Expiry Date

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

1. DESIRED CREDIT LIMIT

What is your desired maximum credit limit?

\$

Please note, your assigned credit limit will be determined by your desired maximum credit limit, Card Services credit policy and the limits of the product.

2. PLEASE TELL US ABOUT YOURSELF

Title First name

Middle name

Surname

Marital status:

Married Single Defacto Divorced/Separated Widowed

Number of dependants (including self)

Residential status:

Own home Rent Mortgage Boarding

3. PROFESSIONAL DETAILS

1. Primary employment details

Employment status

full-time part-time casual self-employed

retired student home duties unemployed

Other

Current employer/Trading name

Occupation/Job title

Industry

Employer's (payroll) ☎ ()

2. Accountant's details

Name of accountant

Accountant's trading name

Accountant's ☎ ()

4. YOUR MONTHLY FINANCIAL POSITION

This information will be used to determine your ability to make repayments on this credit facility.

MONTHLY INCOME

Total monthly gross salary (before tax) \$

Other monthly gross income before tax (e.g. dividends) \$

Total Net monthly income \$

YOUR SHARE OF MONTHLY EXPENSES

1. If you share expenses, what is your share? e.g. 50% %

2. Your share of general monthly living expenses (e.g. groceries, utilities, rent, medical, school fees, etc) \$

3. Total credit card limits or total outstanding balances, whichever is the greater \$

4. Your share of other loan expenses (e.g. home loan, personal loan, car loan, charge cards)

Type	Current Outstanding Balance	Your Share of Monthly Repayments
e.g. Home Loan	\$200,000	\$1,000
	\$	\$
	\$	\$
	\$	\$
	\$	\$

PLEASE SIGN HERE

Declaration:

- To assist in the approval of my application, I authorise my accountant/ employer to verify my details to Card Services.
- I understand that for every \$1,000 increase in my balance that an additional \$30 minimum repayment is required every month, should the credit be fully used. I confirm that I can afford to repay this extra amount without undue hardship. A Credit Limit Increase may increase my liability in the case of unauthorised transactions.
- I confirm that I envisage no adverse change in my financial circumstances in the foreseeable future. If my financial circumstances do or are likely to change, I will notify Card Services on 1300 135 538 to discuss.

Signature Date / /



Offer subject to Card Services credit criteria, your existing Card Services accounts being in good order at time of processing and provided that you have not accepted a Credit Limit Increase offer or another Card Services offer in the last 6 months.

Card Services is a division of Citigroup Pty Limited ABN 88 004 325 080, AFSL No. 238098 which provides and administers credit.