

Credit Limit Increase Application



Fax completed application to: **1300 301 304**

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

Before you complete this application, please be sure you can say 'yes' to the initial approval criteria.

- Do you have a good credit rating?
- I 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

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1. PLEASE TELL US ABOUT YOURSELF

Title First name

Middle initial Surname

Contact daytime phone number
()

2. ABOUT YOUR WORK

Name of current employer

If self employed trading name

Employer telephone number
()

Gross annual salary earned including salary and other income sources
\$

To assist in the approval of my application, I authorise my Accountant/ Employer to verify my details to Card Services.

Name of external accountant (if applicable)

Accountant's company name and suburb

Telephone number
()

3. YOUR MONTHLY FINANCIAL POSITION

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

1. Show your Total Monthly Income (after tax)
\$

2. Show your Total Monthly Personal Expenses you pay including:

- Rent/mortgage
- Loan repayments (refer item 4. Details of all your credit accounts)
- Living expenses (food, electricity, phone, gas, etc)
- Insurance (life, health, car, etc)
- Rates/body corporate
- Any other financial commitments

\$

Calculate your Monthly Net Disposable Income by subtracting (2) from (1). This is how much you have left to save or repay on this Credit facility per month

\$

4. DETAILS OF ALL YOUR CREDIT ACCOUNTS

Credit Accounts i.e. credit cards, store accounts	Current Credit Limit	Current Balance on Account
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Please attach supplementary page if you have more account details to provide

PLEASE SIGN HERE

I apply for a credit limit increase from \$ to \$ on my MasterCard. I acknowledge that in assessing this application, Card Services may obtain from a credit reporting agency a credit report containing personal credit information about me and, that the credit infringement notifications and other provisions of the initial Privacy Declaration continue to apply.

Signature X	Date / /
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