Card Services Credit Limit Increase Form



Please complete the following form using blue/black ink and capital letters and;

Post: Card Services, PO Box 3665, Rhodes NSW 2138 or

For more information, please contact us on:

Phone: 13 67 17

@ Email: myer@cardserve.com.au

To enable us to process your credit limit increase request, your account must have been open for at least six (6) months and have not been in breach of your Account Conditions of Use.

| Credit card number I What is your gross annual income (accurding suppr)? I Please increase the credit limit on my credit card to: I What are your monthly rent or mortgage (accurding suppr)? I Personal details I I What are your monthly rent or mortgage (accurding suppr)? I Single Mris Mis Mis I I Single Married/defacto Separated/divorced Widowed I I I No. of dependent children I < | Credit card details | Financial details |
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| | Credit card number | |
| \$ [allow 10 business days for processing) Personal details Mr Mrs Miss Mr Mrs Miss Surname Miss Miss Surname Miss Miss Single Maried/defacto Separated/divorced Widowed No. of dependent children | Please increase the credit limit on my credit card to: | |
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