

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 details

Credit card number

 Please increase the credit limit on my credit card to:
 \$ (allow 10 business days for processing)

Personal details

Mr Mrs Miss Ms
 First name MI
 Surname
 Single Married/defacto Separated/divorced Widowed
 No. of dependent children
 Customer's date of birth (DD/MM/YYYY) / /

Employment details

Employed: Full time Part time Casual/Temporary
 Self employed Retired Home duties Student
 Name of employer or if self employed, trading name
 Current work address Unit No. Street No.
 Street name
 Suburb
 State Postcode
 Time in current job (YY/MM) /
 Phone number ()
 HR department or switchboard ()
 Accountant's name (if self employed)
 Accounting Firm
 Accountant's phone number ()

Financial details

1. What is your gross annual income (excluding super)? \$
2. What are your monthly rent or mortgage repayments (your share)? \$
3. What are your other minimum monthly debt repayments (e.g. personal loans)? \$
4. What are your total credit limits on existing credit cards (excluding this card)? \$
5. What is your share of general monthly living expenses? \$
6. Additional contributions
 - a) Does anyone else in your household contribute to your living expenses? Yes No
 - b) If yes, what is the gross annual income (excluding super) of this person? \$

Please sign

By applying for this credit limit increase, I acknowledge and accept that approval is subject to Card Services credit criteria and suitability assessment, and:

1. I am requesting a credit limit increase on my existing Account which is a variation of my existing facility;
2. the Credit Card Conditions of Use and any outstanding balance on my Account will not change as a result of processing this application;
3. for each \$1,000 increase in the outstanding balance on my Account, a further \$25 minimum monthly repayment will be needed if the credit is completely utilised.
I confirm that I can afford to repay these additional minimum repayments without financial hardship; and
4. Card Services may contact my employer or accountant to verify my income.

To assist us in processing your request for a credit limit increase as soon as possible, please provide us with one of the following.

A payslip no more than one month old (if PAYG); or
 Last year's tax assessment notice (if self employed)

Signature

Date (DD/MM/YYYY) / /