

CUSTOMER APPLICATION



1 CUSTOMER DETAILS

Mr Mrs Ms

Address _____

Employment Status _____

Employer name _____

Employer telephone _____

ABN (If self-employed) _____

Time in Job _____

Pay Frequency _____

Pay Amount (After Tax) _____

Other Income _____

First name _____ Initial _____

Surname _____ Suburb _____ State _____

Email _____ Postcode _____

D.O.B. _____ Time at current address _____

Mobile Telephone _____ Time at previous address (if applicable) _____

2 CONFIRMATION

By signing this Application Form you agree to enter into a contract with Devizo the terms of which are set out in this Application Form, the related Credit and Repayment Schedule and the Consumer Terms and Conditions. The contract will commence immediately upon Devizo accepting your application. Incomplete or unsatisfactory applications will be rejected. You further agree and consent to Devizo collecting, using and sharing your personal information for the purposes and in the manner set out in its Privacy Policy. If you do not provide all of the information requested in this application form Devizo will be unable to properly assess your application and it will be rejected. Devizo complies with the Australian Privacy Principles ("APPs") and collects your personal information for the purpose of assessing your application and for the additional purposes specified in its Privacy Policy. By signing this application form you consent to Devizo: Collecting your personal information and sharing personal information about you with third parties in connection with your application and the management of your accounts with Devizo; Soliciting personal information from third parties in connection with your application and accounts with Devizo, and; Informing you about Devizo's products and services. Devizo shares personal information with third parties based in, or with offices in, Australia, however, some third parties, such as retailers or credit reporting agencies, may have offices overseas. Devizo's Privacy Policy contains information about how you can complain about a breach of the APPs. Devizo's Privacy Policy can be found at www.devizo.com.au. You can request a copy of the Devizo Privacy Policy, details of the personal information held by Devizo or the correction of any personal information held by Devizo by contacting the privacy officer on 1300 338 496, emailing admin@devizo.com.au or writing to PO Box 2628, Cheltenham VIC 3192

Sign here _____

Date _____

3 DIRECT DEBIT DETAILS

Visa Mastercard

Card name _____

Card number _____

Expiry _____

By signing this application form in section 2 above you authorise Devizo Pty Ltd (Devizo) to arrange for funds to be debited from the credit card nominated. You specifically authorise Devizo to debit all amounts that you owe to Devizo, pursuant to the contract you enter into with Devizo by signing this application form, as and when such amounts become due and payable.

Nominated repayment date

Date _____

MERCHANT CHECKS

Is the customer:

- Over 18 years of age?
- A permanent resident of Australia?
- Employed full time?
- On a pension?

Credit card check:

- Is the customer's name on the card?
- Customer understands that the deposit and subsequent payments must be from the same credit card?

Proof of ID witnessed (Australian drivers license and one other form of ID):

Aged Pension Card Medicare Card License number _____ Expiry _____

Australian Passport Veterans Pension Card Other card _____ Expiry _____

Merchant details:

Merchant name _____

Merchant number _____

Sales person _____

Product type _____

Payment details:

Total purchase amount _____

Deposit paid _____

Repayment term _____

Balance owing _____