

# CUSTOMER APPLICATION



## 1 CUSTOMER DETAILS

|                          |                           |                          |           |                        |
|--------------------------|---------------------------|--------------------------|-----------|------------------------|
| <input type="radio"/> Mr | <input type="radio"/> Mrs | <input type="radio"/> Ms | Address   | Employer name          |
| First name               | Initial                   |                          |           | Employer suburb        |
| Surname                  |                           |                          | Suburb    | Employer telephone     |
| Email                    |                           |                          | State     | Hours/week             |
| D.O.B.                   |                           |                          | Postcode  | ABN (If self-employed) |
|                          |                           |                          | Telephone |                        |

## 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](http://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](mailto:admin@devizo.com.au) or writing to PO Box 2628, Cheltenham VIC 3192

Sign here

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Date

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## 3 DIRECT DEBIT DETAILS

### Option A

Visa

Mastercard

Diners

Amex

Card name

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Card number

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Expiry

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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 under section A. You specifically authorise Devizo to debit all amounts that you owe to Devizo, pursuant to the contact you enter into with Devizo by signing this application form, as and when such amounts become due and payable.

### Option B

Bank name

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Suburb

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Account name

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BSB

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Account number

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I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement and this Direct Debit Request and as per the Ezidebit DDR Service Agreement. I/we acknowledge that I/we have read, understand and agree to same.

### Nominated repayment date

Date

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Fortnightly

Monthly

Sign here

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Date

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## CUSTOMER APPLICATION REQUIREMENTS

### Are you:

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

### Credit card check:

- Is your name on the card?
- Do you understand that the deposit and subsequent payments must be from the same credit card?

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

- Aged Pension Card
- Australian Passport
- ImmiCard
- Medicare Card
- Veterans Pension Card

License number

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Expiry

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Other card

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Expiry

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### Merchant details:

Merchant name: HCG Protocol

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Merchant number: 10513

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Sales Consultant

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Product type: Weight Loss

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### Payment details:

Total purchase amount

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Deposit paid

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Repayment term

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Balance owing

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