

CUSTOMER APPLICATION

1 CUSTOMER DETA	AILS				
Mr Mrs Ms		Address		Employer name	
First name	Initial			Employer suburb	
Surname		Suburb	State	Employer telephone	
Email		Postcode		Hours/week	
D.O.B.		Telephone		ABN (If self-employed)	
2 DIRECT DEBIT DI	ETAILS				
Option A		Option B			
Visa Mastercard Diners Amex		Bank name		By signing this application form in section 3 below you authorise Devizo Pty Ltd ('Devizo) to arrange for funds to be debited directly from the bank and account nominated under Option A or from the credit card nominated under Option B. 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,	
		Suburb			
Card name		Account name			
Card number		BSB		as and when such amounts become due and payable.	
Expiry		Account number			
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 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 the management of your accounts with Devizo; Sprioducts 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				Date THANKS! WE WILL GET BACK TO YOU SHORTLY.	
Is the customer:		Proof of ID witnessed (Austr	alian drivers licens		:
Over 18 years of age?		Aged Pension Card		Veterans Pension Card	
A permanent resident of Australia?		Australian Passport			
Employed full time?		ImmiCard		License number	Expiry
On a pension?		Medicare Card		Other card	Expiry
Credit card check:		Merchant details:		Payment details:	
Is the customer's name on the card?		Merchant name		Total purchase amount	
Customer understands that the deposit and su payments must be from the same credit card?		Merchant number Deposit paid			
	?	Sales person		Repayment term	

Product type

Balance owing