

CUSTOMER APPLICATION



1 CUSTOMER DETAILS

Mr Mrs Ms

First Name Initial

Surname

Email

D.O.B.

Mobile Telephone

Residential Status

Address

Suburb

State

Postcode

Drivers Licence Number Expiry

Australian Passport Number Expiry

Medicare Card Number Expiry

Time at current address

Time at previous (if applicable)

Employment Status

Employer name

Employer telephone

ABN (If self-employed)

Time in Job

Pay Frequency

Weekly Income (After Tax)

Other Weekly Income

2 CONFIRMATION

By signing this Application Form you agree to enter into a contract with PayRight 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 PayRight accepting your application. Incomplete or unsatisfactory applications will be rejected. You further agree and consent to PayRight 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 PayRight will be unable to properly assess your application and it will be rejected. PayRight 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 PayRight: 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 PayRight; Soliciting personal information from third parties in connection with your application and accounts with PayRight, and; Informing you about Devizo's products and services. PayRight 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. PayRight's Privacy Policy contains information about how you can complain about a breach of the APPs. PayRight's Privacy Policy can be found at www.payright.com.au. You can request a copy of the PayRight Privacy Policy, details of the personal information held by PayRight or the correction of any personal information held by PayRight by contacting the privacy officer on 1300 338 496, emailing admin@payright.com.au or writing to PO Box 2628, Cheltenham VIC 3192.

Sign here

Date

3 DIRECT DEBIT DETAILS

Option A Visa Mastercard

Name on Card

Card number

Expiry

Option B Bank Account

Account name

BSB

Account number

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

By signing this applicaiton form in section 2 above 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.

Merchant details:

Merchant name:

Merchant number:

Sales Consultant

Payment details:

Total purchase amount

Deposit paid

Repayment term

Balance owing