

## Credit Card Acceptance Form

### 4.9% p.a. Balance Transfer

Fax completed Request Form to **1300 301 304** (24 hrs) or Post to Card Services, GPO Box 1625, Sydney NSW 2001  
**FOR FAST APPROVAL, PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND PRINT IN CLEAR CAPITAL LETTERS.**

FOR OFFICE USE ONLY

#### 1. FIRST STEPS

a) Before you complete this Acceptance Form, please be sure you can say "Yes" to the initial approval criteria:

- I am at least 18 years of age       I have a good credit rating
- I am a permanent Australian resident

b) YES! I want to apply for a:

- Gold MasterCard BlueSky Rewards [GP] 7WXY6HY4**  
(Income \$35,000 p.a. or over required)
- Gold MasterCard Standard Rewards [GB] 9WXY6HY4**  
(Income \$35,000 p.a. or over required)
- Silver MasterCard Standard Rewards [SB] 9WXY6HY4**  
(Income \$15,000 p.a. or over required)

c) My Credit Union details: (Mandatory)

Credit Union Name:

Credit Union BSB Number:    -

Credit Union Member Number:

#### 2. PLEASE TELL US ABOUT YOURSELF

Title  First name

Middle name  Surname

Residential Address (PO Box not acceptable)

Number  Street

Suburb/Town  State  Postcode

Home telephone number  Mobile telephone no. (if any)

I consent to being kept informed about products, services and offers via email and/or SMS.

Email address (if any)

Date of birth (dd/mm/yyyy)  /  /  Driver's licence number

Mother's maiden name

Are you (please tick)

Married  Single  Divorced/Separated  Widowed  De facto

Your spouse's name  No. of dependants (including self)

Do you (please tick)  Own home  Rent  Mortgage  Board

Years at current residential address  /  Years at previous address  /

Name of nearest relative/friend in Australia not living with you

Residential address of relative/friend

Number  Street

Suburb/Town  State  Postcode

Telephone number of relative/friend  (  )

#### 3. ABOUT YOUR ACCOUNTS

Type of existing credit card(s) that you hold e.g. Visa, Mastercard, American Express etc

Do you currently have any Credit Union savings or loan accounts?

Yes  No

Agent Code:	1	8	2	0	2	1	2
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#### 4. YOUR MONTHLY FINANCIAL POSITION

This information will be used to determine your ability to make repayments on this credit facility.

1. Show your Total Monthly Income (after tax)
- Exclude selected Government benefits as source of income (apart from age and war pensions)
2. Show your Total Monthly Personal Expenses including:
- rent/mortgage
  - loan repayments (car, boat, credit cards, etc.)
  - living expenses (food, electricity, phone, gas, water, etc.)
  - insurance (life, health, car, etc.)
  - rates/body corporate
  - any other financial commitments
3. Calculate your Monthly Net Disposable Income by subtracting (2) from (1) =

#### 5. PROFESSIONAL DETAILS

Are you self-employed? Yes  No

Employer's Name or Company's trading name if self-employed

Employer/Self employed trading address

Number  Street

Suburb/Town  State  Postcode

Work telephone number  (  )

Time with current employer      Time with previous employer

Years:  Months:       Years:  Months:

Gross Annual Salary       Other income

If income is earned from sources other than salary, please attach evidence to support the minimum income requirement of \$15,000 p.a. for Silver or \$35,000 p.a. for Gold (e.g. current tax return, bank statement, dividend certificate etc.). Exclude selected Government benefits as source of income (apart from age and war pensions).

Occupation  Code: (Internal Use Only)

I authorise my accountant to verify my details (Mandatory if self-employed):

Name of external Accountant (if applicable)

Accountant's Trading Name

Accountant's address

Number  Street

Suburb/Town  State  Postcode

Accountant's telephone number  (  )      Accountant's fax number  (  )

#### 6. PLEASE SIGN HERE

By signing below you confirm that: (1) This credit facility will be for personal use (2) You are an Australian resident and are over 18 years of age (3) The information you have given in this application is truthful and complete (4) You have read and agree to the Privacy Consent on the back of this form. (5) You authorise your employer/accountant to provide your income details to Card Services or its representatives for the purpose of assessing your application for a Card Services Credit Card account.

Signature

**X**

Date  /  /

PRINT NAME

If I have applied for a Gold Card, after processing this request, Card Services may instead offer me a Silver Card Account. I understand that my signature above constitutes my request for a Silver Card Account. **To assist with processing your application, please provide a recent pay slip, tax assessment or group certificate with your application.**

