



Merchant Portal Application Form

PERSONAL DETAILS

Title: First Name(s):

Last Name:

Have you been known by any other name? Details:

Current Residential Address:

Suburb: State: Postcode:

Time at this address: Years Months Is this also your mailing address? YES NO

Previous Address:
(If less than 3 years at current address)

Suburb: State: Postcode:

Time at previous address: Years Months

Mailing Address (ie. PO Box):

Home Phone: Mobile:

Email Address:

Date of Birth: Marital Status: Married Single Defacto Divorced Separated Widowed

No. of Dependents: (15 and under) Residential Status: Board Mortgage Owner Parents Rent Other

Mortgagee/Landlord Name:

Security Password (eg. mother's maiden name - max. 15 characters):

Primary ID Type: Drivers Licence/Learners Permit Passport* Proof of Age/NSW Birth Card* Pension Card*

ID number: State of Issue:

Issue Date: Expiry Date: Passport: (country of issue)

Secondary ID (Only required if using passport or pension card as Primary ID)*: Taxation Notice Centrelink Statement Utility Bill/Rates Notice

Document No: Issuer: Issue Date:

REFERENCE DETAILS

Name of Friend or Relative: Home Phone:

Mobile:

Friends Address:

Suburb: State: Postcode:

EMPLOYMENT DETAILS (PLEASE SELECT ONE BOX ONLY)

Permanent Full Time Casual/Seasonal/Temp Contractor Full Time Permanent Part Time Contractor Part Time Self-employed

Workers Compensation/Social Security Other Type of Industry:

Employers/Business Name: No. of yrs at employer: Years Months

Business Phone: Mobile:

FINANCIAL DETAILS

Your **weekly** income (after Tax) \$.00 Your partner's **weekly** income (after Tax) \$.00

Do you share living expenses? Yes No Your share of the total **monthly** mortgage/rent payments \$.00

Your share of other **monthly** loan payments \$.00 Your share of **monthly** living expenses \$.00

Number of credit/store cards? Total credit/store cards balance \$.00

Total credit/store cards limits \$.00

BANKING DETAILS

Financial Institution Type: Bank Building Society Credit Union Account Type: Savings Cheque

Financial Institution Name:

DO NOT FAX TO GE MONEY

Please complete the tick boxes below to indicate that you understand the following:

I understand that CareCredit is a store credit card that can be used to buy products and services from participating health practitioners. CareCredit has a range of benefits, including ongoing access to long term interest free finance options at participating health practitioners from dental, vision, audiology and veterinary services.

By making this application, I confirm that my key credit card requirements are met by CareCredit.

I AGREE

What would you like your credit limit to be?

(Please tick one)

The limit the credit provider is willing to offer
(After taking into account all the information I have provided).

No more than \$8,000

No more than \$4,000

Or, please nominate a figure \$ _____
(min \$1,000 limit applies)

Your credit limit is subject to our lending criteria. By proceeding with this application you confirm that you will accept a credit limit that may be lower than the amount you have nominated above.

Privacy Consent

Please read the following important details before supplying information for your CareCredit application.

1. The information GE collects from you as part of your application for credit may be shared with GE and related companies service providers (such as mailing houses or data processing centres) and representatives, and may be used for account administration purposes, planning, product development or research purposes.
2. Failure to provide the information required may result in GE being unable to provide you with this product.
3. Proceeding with your application by supplying the merchant personal information will be deemed to be acceptance of these terms
4. For details of how you can get access to your personal information and for further privacy information, including marketing, please read the privacy consent and acknowledgement form included in this documentation carefully.

By supplying the merchant with personal information, you give permission for GE to:

- Check your personal and commercial credit files with a credit reporting agency.
- Give a credit reporting agency information about you including information that will identify you; that you have applied for credit and the amount; that GE has supplied credit to you and any other information relevant to the operation of your credit facility.
- Exchange information with credit providers named in the credit report obtained from the credit reporting agency.
- Obtain information to verify your financial position from your account, if applicable.
- Disclose and receive from this merchant, named in your application, personal information about you in connection with your application for credit.

By supplying merchant with personal information, you agree to sign GE's privacy consent and acknowledgement form included in your application.

I acknowledge that I have read this privacy consent information.

SIGNED

DATE

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