ESTD BOB STEWART 1925

Our family serving you since 1925

A B N 26 006 893 867

APPLICATION TO OPEN A CREDIT ACCOUNT

PLEASE FAX TO: 02 6295 3919 or
Return to the School Uniform Shop

OFFICE USE ONLY | | | | | | |

SURNAME _____

GIVEN NAMES _____

DATE OF BIRTH _____

CURRENT ADDRESS _____

LENGTH OF TIME AT THIS ADDRESS _____

PREVIOUS ADDRESS (If less than 3 years at above address) _____

CURRENT OCCUPATION & EMPLOYER _____

EMAIL ADDRESS _____

DRIVER'S LICENCE NO. _____ TELEPHONE NO. _____

MOBILE NO. _____

NAME OF SPOUSE _____

DATE OF BIRTH _____

CURRENT OCCUPATION & EMPLOYER _____

Notice of disclosure of your credit information to a credit reporting agency (*Privacy Act 1988*)

Bob Stewart Pty Ltd may give information about you to a credit reporting agency for the following purposes:

- to obtain a consumer credit report about you, and/or
- allow the credit reporting agency to create or maintain a credit information file containing information about you.

This information is limited to:

- identity particulars - your name, sex, address (and the previous two addresses), date of birth, name of employer, and drivers license number.
- your application for credit or commercial credit - the fact that you have applied for credit and the amount.
- the fact that Bob Stewart Pty Ltd is a current credit provider to you.
- loan repayments which are overdue by more than 60 days, and for which debt collection action has started.
- advice that your loan repayments are no longer overdue in respect of any default that has been listed.
- information that, in the opinion of Bob Stewart Pty Ltd you have committed a serious credit infringement (that is, acted fraudulently or shown an intention not to comply with your credit obligations).
- dishonoured cheques - cheques drawn by you for $100 or more which have been dishonoured more than once.

Period to which this understanding applies

This information may be given before, during or after the provision of credit to you.

I HEREBY AGREE TO THE TERMS AND CONDITIONS PRINTED ABOVE.

DATE _____

SIGNATURE OF APPLICANT _____

CHILDREN (GIVEN NAME)	SCHOOL	STUDENT'S SIGNATURE	ACCOUNT HOLDER'S SIGNATURE