

Third Party Authority

Customer's Full Name/s

Mr/Mrs/Ms/Miss

Address of Customer/s

Street Number & Name

Suburb

State

Post Code

In the event that we need to speak with you and you are not readily available this Authority to Speak with a Third Party will allow us to speak with someone you approve of, but only in relation to your account/s with Complete Credit Solutions.

This Authority to Speak with a Third Party is to Authorise _____ (clearly insert name of 'Authorised Party') to discuss all matters in relation to the affairs of my/ourselves and to request and obtain access to any and all information from Complete Credit Solutions concerning any account/s I/we may have with them or which are legally obligated to me/us. This Authority provides for Complete Credit Solutions to rely on any instruction, agreement or act by the authorised party with respect to any account/s in my/our name or which are legally obligated to me/us.

Address of Third Party

Street Number & Name

Suburb

State

Post Code

Contact Telephone Numbers

Home Ph

Work Ph

Mobile Ph

Email _____

Customer 1 Signature _____ **Date Signed** _____

Customer 2 Signature _____ **Date Signed** _____