

Third Party Authority

Customer Details

Name: _____ Date of Birth: ____/____/____

Residential Address: _____

Co-Borrower Details

Name: _____ Date of Birth: ____/____/____

Residential Address: _____

Authority

I/we wish to appoint _____ (insert name of third party) to act on my/our behalf in relation to all matters held with Complete Credit which may include obtaining access to any and all personal and financial information held by Complete Credit about me and information surrounding any outstanding accounts that I/we may have with them. I/we understand that this Authority allows Complete Credit to rely on any instruction, agreement or act by my/our chosen representative with respect to any account/s in my/our name to which I/we are legally obligated.

Customer Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

Third Party Authority Details

Name: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____