

Third Party Authorisation



To: INFINITI FINANCIAL SERVICES


ABN 70 130 046 794 Australian Credit Licence Number 391464

Email: finance@infiniticars.com.au Mail: Locked Bag 1450, Dandenong South, Victoria 3164

Borrower Details			
Borrower 1		Borrower 2 (if applicable)	
Full Name:		Full Name:	
Address:		Address:	
Preferred Ph:		Preferred Ph:	
Email:		Email:	

Authority	
I/We authorise the below mentioned Authorised Individual or Organisation to act as my/our agent to: <ul style="list-style-type: none">▶ Seek and exchange personal and / or account information in connection with the below contract/s.▶ Negotiate and enter into arrangements that are binding on me/us in connection with the below contracts.	
Is there any limitation, restriction or expiry date you wish to place on the authority?	
Limitations/Restrictions:	
Expiry Date:	
Authority applies to:	
All contracts , please provide a Customer Number:	
Specific contract(s) , please provide Loan Contract Number(s) or Vehicle Registration(s):	
Authorising an Individual (Please complete all fields)	Authorising an Organisation (Please complete all fields)
Full Name:	Organisation's Name:
Address:	Address:
DOB (must be over 18):	Representative's Name:
Phone:	Phone:
Email:	Email:
Relationship:	Password:
	Extend this authority to all employees of this organisation Yes <input type="checkbox"/> No <input type="checkbox"/>

Borrower/s Authority and Acknowledgement	
By signing below I/we understand that: <ul style="list-style-type: none">▶ Standard account information (including account statements and other prescribed notices) can still be sent to me/us by Infiniti Financial Services;▶ If an agreement is made, my/our written consent may be required;▶ Infiniti Financial Services may rely on the information provided and the declaration and privacy consent previously provided by me/us to Infiniti Financial Services;▶ This authority continues until the expiry date provided in the authority section of this document or when I/we revoke this authority by giving written notice to Infiniti Financial Services.	
Borrower 1 Signature	Borrower 2 Signature (if applicable)
	
Date:	Date:

Authorised Third Party	
I understand that my personal information is collected to facilitate this authority and that my authority may not be accepted if I do not provide all the information requested. For further information about how Infiniti Financial Services (INFINITI) collects, uses, discloses and stores personal information, how I can access and seek correction of my personal information or complain about the handling of my personal information, I can refer to the INFINITI privacy policy at www.infiniticars.com.au/privacy .	Signature
	
	Date: