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**CREDIT INFORMATION AUTHORITY FORM**

**PLEASE FAX BACK TO 07 5604 1690**

**TOGETHER WITH A COPY OF YOUR DRIVERS LICENCE**

**WITH THE SIGNATURE CLEARLY VISIBLE**

Authority for an agent to obtain an individual's credit information file held by a credit reporting agency (Privacy Act 1988). I / We:

Name 1 : _____ DOB: ____ / ____ / ____ Full Address: _____ Drivers Licence #: _____ State of Issue: _____ Date of Issue: _____ Expiry Date: _____ Signature 1: _____
Name 2 : _____ DOB: ____ / ____ / ____ Full Address: _____ Drivers Licence #: _____ State of Issue: _____ Date of Issue: _____ Expiry Date: _____ Signature 2: _____

Authorise Webloan Pty Ltd (trading as lowdocloans.com.au) to act as my / our agent in seeking access to my / our consumer credit information held by a credit reporting agency.

This authority only applies to enquiries made by lowdocloans.com.au in connection with an application (or proposed application) by me / us for credit AND / OR my / our having sought advice in relation to existing credit.