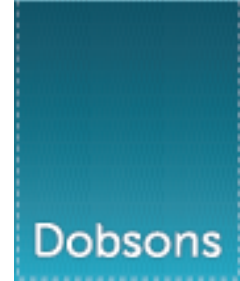


APPLICATION TO OPEN A JOINT 30 DAY CREDIT ACCOUNT

Monthly Statement Sent Electronically



Office Use:

Applicant 1

Title	Given Names	Surname			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Home Address			Suburb	Post Code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Home Phone	Mobile	Work Phone	Driver Licence	Birthday (dd/mm)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	
Statement Sent Electronically - Email Address				Tick to be added to email list to receive promotional offers, etc	
<input type="text"/>				<input type="checkbox"/>	
Employer	Address		Suburb	Post Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Applicant 2

Title	Given Names	Surname			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Home Address			Suburb	Post Code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Home Phone	Mobile	Work Phone	Driver Licence	Birthday (dd/mm)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	
Statement Sent Electronically - Email Address Email				Tick to be added to email list to receive promotional offers, etc	
<input type="text"/>				<input type="checkbox"/>	
Employer	Address		Suburb	Post Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Children

Name	School	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Options

- Please send my monthly statement via Australia Post
- Automatic Payment. Please complete details below:

By signing this automatic payment section you are authorising Dobsons to debit your credit card for the account balance
Written advice can withdraw this authorisation at any time

Card Number / / / Expiry / CCV Last 3 digits on back of card

Signature Date / /

TERMS & CONDITIONS

All accounts are payable at our Registered Office, currently 667 Glenferrie Road, Hawthorn 3122 Victoria Australia
All correspondence to be addressed to our registered office
Settlement is Net 30 days. Monthly account fees will be charged on overdue accounts at the rate specified on our invoice
Applicants must be older than 18 years
Applicants understand and agree that they will be liable for all debt recovery costs and fees incurred by Dobson's Pty Ltd due to non payment
If Account Cards are issued they will remain the property of Dobson's Pty Ltd. They are not transferrable and if lost please advise Dobsons within 48 hours
Accounts will be closed upon written advice received at our Registered Office from the Account Holder(s)
Applicants agree that Dobson's Pty Ltd can make credit checks and discuss this application with others

Applicant 1 Signature

Applicant 2 Signature

Date / /

Date / /