

GLOBAL CREDIT MANAGEMENT

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Credit Check Authorisation Form (Private Individual)

I authorise any person or company to provide _____ or their agents with such information as they require for the purpose of making a credit decision, accessing my credit worthiness as a prospective tenant or borrower, for a credit account, act as a guarantor or check my credit history.

I further authorise _____ or their agents to furnish any third party details of this application and any subsequent dealings that I may have as a result of this application being actioned. I understand that these third parties (such as debtor collection companies and credit checking agencies but not limited too) may keep this information on file and provide such information to other parties.

My details are below and I understand this information will be used to complete the credit check.

First Names: _____

Surname: _____

Date of Birth: _____ Male / Female (please delete one)

Current Address: _____

Previous Address: _____

Occupation: _____ Employer: _____

Reason for credit check being carried out: _____

I confirm the above information to be true and correct

_____ Date _____

Signature of person being credit checked

Details of party being provided with credit check information

Name: _____

Address: _____

Phone no: _____ Fax no: _____

E mail address: _____

Note you must positively identify the person who has completed this credit check authorisation form this is to be done by you sighting some form of photo identification i.e. drivers licence or passport.

Please confirm you have sighted photo identification and have positively identified the person being credit checked: Yes / No

Should any party to this application require clarification over any matter relating to the credit check please contact Global Credit Management Limited on 800 688 086

Once form has been completed please fax to 04 472-9894 or e mail to info@globalcredit.net.nz

Office Use Only : Veda Checked

Debt Collection Database Checked