

Third Party Authorisation

To: AUTOMOTIVE LENDING SOLUTIONS AUSTRALIA PTY LTD TRADING AS LDV FINANCIAL SERVICES

ABN 70 130 046 794 Australian Credit Licence Number 391464

Email: finance@ldvfinanserv.com.au Mail: Locked Bag 7000, Mount Waverley, Victoria 3149

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: ▶ Seek and exchange personal and / or account information in connection with the below contract/s. ▶ Negotiate and enter into payment 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)	OR	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:
Note: Certified ID will be required for individuals given authority to enter into payment arrangements		Extend this authority to all employees of this organisation Yes ☐ No ☐

Borrower/s Authority and Acknowledgement	
By signing below I/we understand that: ▶ Standard account information (including account statements and other prescribed notices) can still be sent to me/us by LDV Financial Services; ▶ If an agreement is made, my/our written consent may be required; ▶ LDV Financial Services may rely on the information provided and the declaration and privacy consent previously provided by me/us to LDV 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 LDV 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 LDV Financial Services (LDVFS) 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 LDV privacy policy at www.ldvautomotive.com.au/privacy .
Signature

Date: