

AUTHORITY FOR THIRD PARTY TO PROVIDE AND/OR ACCESS YOUR PERSONAL AND CREDIT INFORMATION

Please complete this form if you wish to authorise a third party to provide personal and credit information about you and/or access personal and credit information about you which is held by Lexus Financial Services.

ACCOUNT HOLDER'S DETAILS

Name of account holder

Address

Postcode

Account number

The account holder authorises the person named as the Authorised Person below to:

- act as my/our agent in providing personal and credit information about me/us and/or seeking access to personal and credit information about me/us which is held by Lexus Financial Services; and
- incur fees on my/our behalf (which will be charged to my/our account) when requesting from Lexus Financial Services information in writing, a document or a copy of a document about me/us or my/our account.

AUTHORISED PERSON'S DETAILS

Name of authorised person

Date of birth

 / /

Address

Postcode

Relationship to the account holder

Contact phone number

Email address

DECLARATION AND SIGNATURE

Lexus Financial Services only uses your personal and credit information in accordance with the Privacy Act 1988, the Lexus Financial Services Privacy Policy and the "Consent For Credit Provider to Give and Receive Information" form which you signed when you applied for credit with Lexus Financial Services. You can view the Lexus Financial Services Privacy Policy at lexusfinancialservices.com.au

You may revoke this Authority at any time by notifying Lexus Financial Services.

This Authority does not permit the Authorised Person to establish a direct debit arrangement with Lexus Financial Services or in any way make payments to Lexus Financial Services by direct debit in respect of your Lexus Financial Services account. If you wish to limit the types of personal and credit information that Lexus Financial Services can disclose to the Authorised Person, please notify Lexus Financial Services in writing of the information that you do not wish Lexus Financial Services to disclose to the Authorised Person.

If you have any questions about this document please contact our National Customer Service Centre on **1300 888 840**.

Account Holder's signature	Date	Authorised Person's signature	Date
X	/ /	X	/ /

Please return the completed form to: Lexus Financial Services Customer Solutions Centre, PO Box 1354, Macquarie Centre NSW 2113