

## Third Party Authorisation

Please complete this form and send it back to CUPRA Financial Services Customer Service at **customerservice@cuprafs.com.au** or **Locked Bag 4002, Chullora NSW 2190**.

Third Party Authorisation		
Complete this section to authorise a Third Party Authority	for your acc	ount.
Credit Provider: CUPRA Financial Services Pty Limited, Level 1,	, 24 Muir Road	, Chullora NSW 2190 ('CFS")
I/We		
Customer(s) Name(s)		
Contract Number		
Contract Number		
Authorise		
Third Party's Name		
Contact Address		
Contact / Ida ess		
Contact Phone Number		Contact Email Address
to act as my/our/the company's agent in the management of	my/our CFS l	oan/lease account and to negotiate with CFS on my behalf.
Acknowledgement and Consent		
I/We authorise CFS to provide any information necessary to the management issues.	ne third party I	named above and to negotiate with him/her to resolve any account
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This authorisation remains in force until the matter, which is the	ne subject of t	his query, is resolved or until I/we otherwise revoke this authority.
Borrower 1		Borrower 2
Full Name		Full Name
Email Address		Email Address
Signature		Signature
5,5, 555.6		
Date		Date

You can cancel your consent for us to email you by calling us on 1300 092 859, 9am-5pm AEST Monday to Friday.