



Fin One Pty Ltd
ABN: 80 139 719 903 - Australian Credit Licence: 387 528
Phone: 1800 346 663 - Fax: (07) 4723 5466
Postal Address: PO Box 339 Hyde Park Castletown, QLD 4812
Website: www.financeone.com.au

Authorisation to Act on Your Behalf

Client Details			
Client Name:		Contract Number:	
Contact Number:			
Authorised Person Details			
Name:		Date of Birth:	
Phone (Landline):		Phone (Mobile):	
Address:			
Please Note: The authorised person will also need to enclose a copy of either their Drivers Licence, Passport, 18+ Card or Birth Certificate.			
Declaration			
I, _____	Hereby		
<i>(Name of client)</i>			
Authorise: _____			
<i>(Name of Authorised person)</i>			
whose signature appears below to act on my behalf in my absence in all matters relating to my loan account held with Finance One, or any of our related entities or business partners.			
Signatures			
Signature of Client:		Dated:	
Signature of Authorised Person:		Dated:	