



PRIVACY ACT DECLARATION

PLEASE READ CAREFULLY

Gryphon may give information about you to a credit reporting agency, but only limited kinds of information allowed under Section 18(E) of the *Privacy Act 1988* (Commonwealth). This includes:

- Identity details – this only includes your name, sex, date of birth, current known address, previous address, your current or last known employer and your driving licence number;
- The fact that you have applied for credit and the amount;
- The fact that we are a credit provider to you;
- Payments overdue for at least 60 days and for which collection action has commenced;
- Advice that payments are no longer overdue;
- Cheques drawn by you which have been dishonoured more than once;
- In specified circumstances that in the opinion of Gryphon you have committed a serious credit infringement;
- That credit provided to you by Gryphon Entertainment has been paid or otherwise discharged.

DECLARATIONS AND CONSENTS BY APPLICANT – PRIVACY ACT

1. *Giving information to a Credit Reporting Agency* (Section 18E(8)(C) *Privacy Act 1988*).
Gryphon has informed me that it may give certain personal information about me to a credit reporting agency.
2. *Access to Commercial Credit Information* (Section 18L(4) *Privacy Act 1988*).
In order to assess my application for personal credit, I/We agree to Gryphon obtaining a report about my commercial activities or commercial credit worthiness, from a business which provides information about credit worthiness of persons.
3. *Access to Consumer Credit Information* (Section 18K(1)(b) *Privacy Act 1988*).
In order to assess my application for commercial credit, I/We agree to Gryphon obtaining from a credit reporting agency a credit report containing personal credit information about me/us in relation to commercial credit provided by Gryphon.

WHERE MORE THAN ONE APPLICANT, EACH APPLICANT TO SIGN.

Signed

Signed

Dated: / /

Dated: / /

ACCOUNT / CREDIT APPLICATION

Name of Applicant:		A.B.N. No:		
Company Name:				
Trading Name/ Store Name:				
Buying Group: <i>(if applicable)</i>		Store Number: <i>(if applicable)</i>		
Take Over/ Start Date				
Address:				
Trading Address/ Delivery Address:				
City:		State:		Post Code:
Telephone No:		Fax No:		Email:
Sales Contact Name:				
Invoice Address:				
Accounts Email Address:				
Accounts Contact Name:				
Is this a trustee company?				
Store	Rental <input type="checkbox"/>	Retail <input type="checkbox"/>	E-Comm <input type="checkbox"/>	Other <input type="checkbox"/> _____
Would you prefer to receive accounts statements by				
		Mail <input type="checkbox"/>	Email <input type="checkbox"/>	
<i>EFT Payments to Gryphon</i>		BSB 113 879 Account 128 042 496		
DIRECTORS / PROPRIETORS DETAILS				
Name of Directors/Proprietor	Date of Birth	Private Address	Phone No.	Drivers Licence No.

