



Commercial Cards – Third Party Authority

- NAB Low Rate Business Card • NAB Business Card
- NAB Rewards Business Signature Card • NAB Qantas Business Signature Card

Please use blue or black pen and write in BLOCK LETTERS

Please return the completed form to your nearest NAB branch, your Banker, or send to Cards Fulfilment Team, Reply Paid 9992, Melbourne VIC 8060

Section A Business details

Registered Business/Company name (the Customer)

Facility billing account number

Business address

State

Postcode

Business telephone number

Section B Third Authority

I/We, (Sole Proprietor/Director/Partner - full name)

(Position in business — Sole Proprietor, Director or Partner)

on behalf of the Customer whose details are set out in Section A above authorise

Third Party (full name)

to do the following in connection with the facility billing account in Section A above ("the Facility"):

Access financial information

The third party can access financial information about the Facility (and information on any card issued to a cardholder to operate the Facility) including, but not limited to the:

- balance of the Facility
- amount of available credit
- payments (if any) due on the Facility
- information relating to transactions on the Facility
- receive copies of statements on the Facility

Make changes to the Facility

The third party to make various changes to the Facility, including, but not limited to making a request to:

- close a cardholder's card
- decrease a cardholder's credit limit
- link a Personal Identification Number (PIN) to a cardholder's card

Access rewards information

The third party can access points information on statements issued in connection with each card and the Facility.

The third party is not authorised to:

- increase the Customer's financial obligations in any way
- nominate or change a Points Earner or change where any points are credited on a NAB Qantas Business Signature Card Facility.
- redeem NAB Rewards points on a NAB Rewards Business Signature Card Facility.

This Third Party Authority will remain in effect until it is revoked by the Customer, the third party, or the Facility is closed, whichever is the earliest.

By signing, I declare I am properly authorised by the Customer to make this Third Party Authority.

Signature of Sole Proprietor/Director/Partner

Date

Full Name (BLOCK LETTERS)

Signature of Director/Partner

Date

Full Name (BLOCK LETTERS)

Banker Use Only

Customer Number

BU ID number

Signature's Verified eForm completed (Commercial Card Third Party Authority)

Banker Name

Telephone number

Banker Signature