Request for Credit Limit Increase



Customer Details	
Notorcharge Account Number:	Business ABN:
	Business ACN:
Motorcharge Account Name:	
Credit Limit Details	
	be sufficient to cover the consolidated spending over a six
veek period for all the cards attached to	
Current Credit Limit:	New Spending Limit Required:
Authorised Signature:	Date:
×	In some instances Motorcharge may request
	additional verification of your current
	financial position in order to assess this
	request.
Print Name:	Position (Owner, Director, etc.):
Please Note: All details are required to a	ction the change.
Please complete and forward to:	
Please return to Wright Express Fuel Ca	rds Australia Ltd,
GPO BOX 5342 MELBO	

Should you require further information or assistance, please contact our Customer Relations team on



1300 130 062.