



BUSINESS APPLICATION

Level 5, 235 Macquarie Street Sydney NSW 2000
 Phone: 02 9695 7666 Fax: 02 9695 7688
 ABN 13 127 328 152

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 Phone: 02 9527 3344 Fax: 02 9527 3355
 ABN 89 127 330 081

Please Tick Brokers Initials:	<input type="checkbox"/> AB	<input type="checkbox"/> TL	<input type="checkbox"/> JL
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Application Type:	<input type="checkbox"/> Commercial HP	<input type="checkbox"/> Finance Lease	<input type="checkbox"/> Chattel Mortgage
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Company Details

Business Type:	<input type="checkbox"/> Company	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership
Business Name:			
Trading Name (If Applic.):			
Trust Name (If Applic.):			
ACN and/or ABN No:			
Business Start Date:	/ /	If Trading Less than 3 Years, give details of directors previous employment on next page	

Contact Details

Bus. Phone No:	Bus. Fax No:		
Business Address:			
Town:	State:	Post Code:	
Postal Address:	Town:	State:	P/Code:

Director / Partner / Individual Details

Director/s / Partners: How Many?				If More than 2, please attach same details					
Director 1.				Director 2.					
Full Name:				Full Name:					
Address:				Address:					
Town:		P/Code:		Town:		P/Code:			
Years at Address?		Yr/s Month/s		Years at Address?		Yr/s Month/s			
If Less than 3 years state previous address below				If Less than 3 years state previous address below					
Previous Address:				Previous Address:					
Town:		P/Code:		Town:		P/Code:			
Years at Previous Address:		Yr/s Month/s		Years at Previous Address:		Yr/s Month/s			
Reside Status:	<input type="checkbox"/> Board	<input type="checkbox"/> Rent	<input type="checkbox"/> Mort.	<input type="checkbox"/> Own	Reside Status:	<input type="checkbox"/> Board	<input type="checkbox"/> Rent	<input type="checkbox"/> Mort.	<input type="checkbox"/> Own
If Owned:				If Owned:					
Property Value \$		Mortgage \$		Property Value \$		Mortgage \$			
If Renting: Please advise monthly Payment, Landlord Name and Contact No. \$ pm				If Renting: Please advise monthly Payment, Landlord Name and Contact No. \$ pm					
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Def.	<input type="checkbox"/> Married	<input type="checkbox"/> Div	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Def.	<input type="checkbox"/> Married	<input type="checkbox"/> Div.
D.O.B: / /		D/L No: Exp / /		D.O.B: / /		D/L No: Exp / /			
Mob. No:		Home No:		Mob. No:		Home No:			
E-mail Address:				E-mail Address:					

Other

Bank:	Branch:	Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	<input type="checkbox"/> L.O.C.
Accountant:		Address:			
Contact Name:		Contact No:			

Business / Director Background

Trade / Business References

	Business Name	Contact Name	Town	Contact No.	\$ P/M
1.					
2.					
3.					

Finance / Mortgage References

*	Financier	Repayments p/m \$	Date Started / Term (Months)	Goods Description
1.				
2.				
3.				

* Please advise all current company/personal finance/debt, please complete separate page if more room is needed or supply current lease-schedule.

Goods To Be Financed

Make:	Model:	
New / Used - If Used Year Built:	Colour:	Kilometres:
Accessories:		
Are the goods Additional or Replacement? If Replacement - give brief description of goods and state monthly repayments if financed:	<input type="checkbox"/> Additional	<input type="checkbox"/> Replacement
Supplier Name:	Goods: Financier:	Repayment: \$ p/m
Contact Name:	<input type="checkbox"/> Registered Dealer	<input type="checkbox"/> Private Sale
	Contact No.	

Amount Financed

Purchase Price Incl. GST	\$
Less Deposit	\$
Less Trade-In	\$
Amount Financed	\$

Loan Term: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 months Approved subject to goods age and type.	Suitable Residual / Balloon: 5% - 70%? Approved subject to goods age and type.
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<input type="checkbox"/> Quoted or <input type="checkbox"/> Max. Repayment Sought: \$ p/m

<input type="checkbox"/> Quoted or <input type="checkbox"/> Estimated Repayments: \$ p/m
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Documents to be Received with Application

<input type="checkbox"/> Last Two Years Company Financial Statements	<input type="checkbox"/> Received <input type="checkbox"/> Not Received
<input type="checkbox"/> Last Years Directors Personal Tax Returns	<input type="checkbox"/> Received <input type="checkbox"/> Not Received
<input type="checkbox"/> Copy of Directors Drivers License	<input type="checkbox"/> Received <input type="checkbox"/> Not Received
<input type="checkbox"/> Personal Statement of Assets & Liabilities	<input type="checkbox"/> Received <input type="checkbox"/> Not Received
<input type="checkbox"/> Privacy Form	<input type="checkbox"/> Received <input type="checkbox"/> Not Received