

CONSUMER APPLICATION

ABN No 34 078 537 167

Unit 1, 17-19 Green Street, Botany NSW 2019

Phone: 02 9695 7666 Fax: 02 9695 7688

Please Tick Brokers Initials:	<input type="checkbox"/> AB	<input type="checkbox"/> TL	<input type="checkbox"/> JE	<input type="checkbox"/> RN
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Finance Type:	<input type="checkbox"/> CHP/ <input type="checkbox"/> Lease (Business Use)	<input type="checkbox"/> Consumer Finance (Personal Use)	<input type="checkbox"/> Mortgage Finance
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Application Type:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint
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Contact Details

Work Phone No:	Fax No:
Mobile No:	Home No:
Postal Address:	
Town:	P/Code: State:

Individual Details

If Joint Application: How Many Individuals?	If More than 2, please attach same details
Individual 1.	Individual 2.
Full Name:	Full Name:
Address:	Address:
Town: P/Code:	Town: P/Code:
Years at Address? Yr/s Month/s If Less than 3 years state previous address below	Years at Address? Yr/s Month/s 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
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:	D.O.B: D/L No:
E-mail Address:	E-mail Address:

Employment – Current – Complete previous (below) if current employment less than 3 years

Employer:	Employer:
Contact Name & Position:	Contact Name & Position:
Your Position:	Your Position:
Salary: \$ _____ p/a	Salary: \$ _____ p/a
Employ. Type: Full/T Cas Part/T Comm Based	Employ. Type: Full/T Cas Part/T Comm Based
Employed: Yr/s Month/s	Employed: Yr/s Month/s

Employment – Previous

Employer:	Employer:
Contact Name & Position:	Contact Name & Position:
Your Position:	Your Position:
Salary: \$ _____ p/a	Salary: \$ _____ p/a
Employ. Type: Full/T Cas Part/T Comm Based	Employ. Type: Full/T Cas Part/T Comm Based
Employed: Yr/s Month/s	Employed: Yr/s Month/s

Other

Bank:	Branch:	Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque
Accountant:		Address:		
Contact Name:		Contact No:		
Landlord / Real Estate:		Monthly Payments: \$ pm		
Contact Name:		Contact No:		

Nearest Living Relative

	Full Name	Relation	Town	Contact No.
1.				

Personal Reference

	Name	Town	Contact No.
1.			

Business Reference

	Company Name	Contact Name	Town	Contact No.
1.				

Finance / Mortgage References

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

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

Goods To Be Financed

Make:	Model:		
<input type="checkbox"/> New <input type="checkbox"/> Used - If Used Year Built:	Colour:	Kilometres:	
Accessories:			
Are the goods Additional or Replacing existing goods? If Replacement - give brief description of goods. If Financed - state financier and monthly repayments:	<input type="checkbox"/> Additional	<input type="checkbox"/> Replacement	
	Goods:		
	Financier		
	Repayment: \$	p/m	
Supplier Name:	<input type="checkbox"/> Registered Dealer	<input type="checkbox"/> Private Sale	
Contact Name:	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 vehicle age and type.	Suitable Residual / Balloon: 5% - 50%? Approved subject to vehicle age and type.
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<input type="checkbox"/> Quoted <input type="checkbox"/> Max. Repayment Sought: \$ p/m

Documents to be Received with Application

<input type="checkbox"/> Last Two Years Personal Tax Returns And/Or	<input type="checkbox"/> Received <input type="checkbox"/> Not Received
<input type="checkbox"/> Letter of Income and Employment And/Or	<input type="checkbox"/> Received <input type="checkbox"/> Not Received
<input type="checkbox"/> Payslip	<input type="checkbox"/> Received <input type="checkbox"/> Not Received
<input type="checkbox"/> Copy of Applicants Drivers License	<input type="checkbox"/> Received <input type="checkbox"/> Not Received