

Applicant Details				
Company/Partnership/Sole Trader name:				
ABN:		ACN:		
Trading Name:				
Trust Name:				
Trading Address:				
Country of Establishment:				
Phone Number: ()				
Fax Number:				
Total Number of Directors/Partners:				
Website Address:				
Type of Trust (if applicable):				
Nature of Business:				
Time in Operation:		Years		Months
Bank:		Branch		
Accountant:				
Contact:		Phone:		
Trade Reference 1:				
Trade Reference 2:				
Please list any business entities directly related to this business or that you share a greater than 25% share of:				
Entity 1:				
Entity 2:				
Entity 3:				
Entity 4:				

Details of all Commercial Hire Purchase and Chattel Mortgage loans the business is currently servicing

Financier	Instalment	Commencement Date	Term (months)	To be paid out (Y/N)

*For each director/partner/guarantor you will need to complete the following page of information

Director/Partner/Guarantor 1 - Details

Full Name:		Date of Birth:	
Address:		How long	Yrs/Mths
Previous Address:		How long	Yrs/Mths
Gender:			
Marital Status:		Number of Dependents:	
Telephone (A/H)		Mobile	
Drivers Licence Number:			
Time as Director/Proprietor of Company:		Years	Months
Residential Status (Please circle)	Own	Mortgage	Rent Board

Director/Partner/Guarantor 1 – Asset position

Personal Assets		Personal Liabilities	
Cash at bank	\$	Loans Outstanding	\$
Home Value	\$	Home Mortgage	\$
Other Property Value	\$	Other Mortgages	\$
Motor vehicle/s	\$	Credit Card (limit)	\$
Household Effects	\$	Overdraft (Limit)	\$
Business Assets	\$	Creditors	\$
Term Deposits	\$	Other (Please list)	\$
Debtors	\$		
Other (please list)	\$		

Please Continue

Director/Partner/Guarantor 2 - Details

Full Name:		Date of Birth:	
Address:		How long	Yrs/Mths
Previous Address:		How long	Yrs/Mths
Gender:			
Marital Status:		Number of Dependents:	
Telephone (A/H)		Mobile	
Drivers License Number:			
Time as Director/Proprietor of Company:		years	months
Residential Status	Own	Mortgage	Rent Board

Director/Partner/Guarantor 2 – Asset Position

Personal Assets		Personal Liabilities	
Cash at bank	\$	Loans Outstanding	\$
Home Value	\$	Home Mortgage	\$
Other Property Value	\$	Other Mortgages	\$
Motor vehicle/s	\$	Credit Card (limit)	\$
Household Effects	\$	Overdraft (Limit)	\$
Business Assets	\$	Creditors	\$
Term Deposits	\$	Other (Please list)	\$
Debtors	\$		
Other (please list)	\$		

Please continue

Goods to be Financed

Supplier Details

Supplier name:
Address:
Goods details
New / Used / Demo:
Year of manufacture:
Make:
Model:
Odometer:
Hours on Motor:
Auto/Man:
Trade-in details
Year of manufacture:
Make:
Model:

Finance details

Facility (Consumer, Lease, Hire Purchase, Chattel Mortgage)	
Cash price of vehicle/other goods	\$
Less Deposit	
Less Trade-in	
Payout other finance company	
Amount owing:	\$
Fees or insurance to be financed	\$
Total amount financed	\$
Term (months)	\$
Balloon/Residual	%

5. Additional Directors / Shareholders / Partners (if applicable)

Please supply details of all other Directors / Partners / Shareholders in your business

Please also supply a list of all other beneficial owners with a shareholding of greater than 25% if your business is a Pty Ltd

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

- Director / Shareholder Partner
- Chairperson / Treasurer / Secretary
- Other (Please State) _____

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

- Director / Shareholder Partner
- Chairperson / Treasurer / Secretary
- Other (Please State) _____

Type : *Please tick* ✓

6. Additional Trustees and Trust Beneficiary Details (If Applicable)

Please supply a list of all other Trustees of your Trust and details of all Beneficiaries or class of beneficiaries (if applicable)

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

Trustee

Beneficiary or

Class of Beneficiary (Please Specify)

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

Trustee

Beneficiary

Class of Beneficiary (Please Specify)

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

Trustee

Beneficiary

Class of Beneficiary (Please Specify)

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

Trustee

Beneficiary

Class of Beneficiary (Please Specify)
