

Finance Application - (Company)

Fax to: (02) 9929 4489 Phone (02) 9925 3920

Email to: info@equipfin.com.au

Please complete ALL information to ensure prompt processing of your application

Company Name:		ACN:	
Trust Name:		ABN	
Trading Name:		Established:	
Industry:		Number of Employees:	
Business Address:			
Duration at address		Website	
Postal Address:			
Contact Person:		Position:	
Phone:		Fax:	

Financial Contacts and References

Accountant:		Phone:		Contact:	
Accountant Email:					
Bank:		Branch:			
Finance Reference:		Phone:			
Finance Reference:		Phone:			
Business/Trade Reference:		Phone:			
Business/Trade Reference:		Phone:			

Application Details

Description of Goods:						
Cost:	\$	inc gst	Deposit:	\$	Residual:	%
Term:	mths	Finance Type:	Chattel Mortgage / Lease / Rental			
Supplier:		Contact:		Phone:		

If your application is requiring a second director guarantor please complete this form again with the other parties' details, (Application Details only need to be completed once).

DOCUMENT CHECKLIST

- Fully Completed Application Form
- Copy of Drivers License showing current address
- Company Financials:
- Signed Privacy Act

NOTE: If there are multiple directors, each director must complete this page separately. Each director must also sign the privacy act on the following page

Director Information			
Full Name:		Date of Birth:	
Duration as Director:			
Current Address:			
Residential Status:			
Duration At Residence		Landlord's Contact (if renting):	
Mobile:		Home Ph:	
Email:			
Previous Address (if<2yrs)		Duration:	
Driver's Licence:		Expiry Date:	State:
Marital Status:		Dependants:	

Asset & Liability Statement			
Home Value:	\$	Home Mortgage Balance: Who is Mortgage with: Monthly Repayments:	\$ _____ \$
Other Property Value:	\$	Invest Mortgage Balance: Who is Mortgage with: Monthly Repayments:	\$ _____ \$
Cash	\$	Credit Card (Limit): Credit Card Provider: Amount Owng:	\$ _____ \$
Motor Vehicles:	\$	Car Loans Balance: Car Loan Provider Car Loan Payment	\$ _____ \$ wkly/mthly
House Hold Effects:	\$		\$
Investments:	\$		\$
Shares, etc - Market Value	\$	Overdraft (Limit):	\$
Other Assets:	\$	Other Liabilities:	\$

Total:	\$	Total:	\$
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I/We are not undischarged bankrupt and there are no unsatisfied judgments against me/us. I/We declare that the information given here is true & correct. I/We authorise you to contact any person / company to obtain necessary data.

Signature of Applicant:	X
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