

Finance Application - (Partnership)

Fax to: (02) 9929 4489 Phone (02) 9925 3900

Email to: info@equipfin.com.au

Please complete ALL information to ensure prompt processing of your application

Business Name:		ABN	
Trust:		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:			

Application Details

Description of Goods:						
Cost:	\$	inc gst	Deposit:	\$	Residual:	%
Term:	mths	Finance Type:	Hire Purchase / Lease / Rental / Chattel Mortgage / Other			
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
- Signed Privacy Act

CREDIT CARDS		
Bank	Limit	Amount Owning

HAVE YOU HAD ANY PREVIOUS LOANS? HAVE YOU HAD ANY PREVIOUS LOANS? YES / NO (Please Circle)

DO YOU HAVE ANY DEFAULTS OR LOAN PAYMENT ISSUES WE SHOULD BE AWARE OF? YES / NO / UNSURE (Please Circle)

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

Signature of Applicant:

X