SUITE 106, 685 BURKE RD CAMBERWELL 3124
PO BOX 112, CAMBERWELL VIC 3124
Ph: 03 8832 0777 Fax: 03 8832 0700
Email: info@truerent.coma.u

Customer Name		
Address		
Telephone	Facsimile	
Cost of Goods to be financed ($):		
PAYMENT SCHEDULE		
Finance Facility - Finance Lease / CHP (circle relevant facility)	Term	Payments (inc gst) $
Residual / Balloon payment (if applicable) $		
Description of the Goods to be rented:		
Location of Goods to be rented		
Supplier of goods to be financed	Contact	Telephone
OTHER INFORMATION		
Current Employer	ABN:	Length Employed
Employment History		
*Note: Please supply most current income tax returns 1 copy of pay slip & current Tax Return and rates notice as proof of home ownership		
Accountant	Contact	Telephone
Insurance Co/Broker	Contact	Telephone
Bank and Branch	Contact	Telephone
For Transaction in excess of $25,000 a full Asset & Liability Statement is required (where properties are held by joint names, please specify)		
APPLICANT 1		
Name	Date of Birth	Drivers Licence No
Residential Address	Years at Address	
Property Owner ☐ Yes ☐ No	Mortgage Owing $	Estimated Value $
Address:	Credit Cards $	Bank $
***If Renting, please give details below**	Other Debts/Loans $	Cars $
Landlord		Other $
Landlord Contact	Total Debts $	Total Assets $

x_____
SIGNATURE OF APPLICANT

APPLICANT 2		
Name	Date of Birth	Drivers Licence No
Residential Address		
Property Owner ☐ Yes ☐ No	Mortgage Owing $	Estimated Value $
Address:	Credit Cards $	Bank $
***If Renting, please give details below**	Other Debts/Loans $	Cars $
Landlord		Other $
Landlord Contact	Total Debts $	Total Assets $

x_____
SIGNATURE OF APPLICANT