

**Application Form**  
 Once completed, please fax to 1300 85 37 17

Application submitted by \_\_\_\_\_ Date \_\_\_\_\_

Company     Partnership     Govt     Sole Trader / Self Employed     Individual     Trust

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Wk Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ ABN / ACN \_\_\_\_\_

Accountant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact \_\_\_\_\_ Authority to contact your accountant for financial information (if required)  Yes  No

**PERSONAL DETAILS**    Applicant  1<sup>st</sup>  2<sup>nd</sup>    To be fully completed by directors/partners/individuals, **not required for government or top 500 companies**

All applicants must be Australian Citizens or Permanent Residents

Title \_\_\_\_\_ Full Name \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Legal Names \_\_\_\_\_ Drivers Licence \_\_\_\_\_

Address \_\_\_\_\_

Current Home Ph (\_\_\_\_) \_\_\_\_\_ Mobile Ph \_\_\_\_\_ Email \_\_\_\_\_

Time at current residence \_\_\_\_\_ Yrs \_\_\_\_\_ Mths    Residential Status \_\_\_\_\_

Value \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Monthly Rent / Mortgage \$ \_\_\_\_\_ Other credit repayments (inc. car) \$ \_\_\_\_\_

Previous Address \_\_\_\_\_

Time at previous address \_\_\_\_\_ Yrs \_\_\_\_\_ Mths

Current Credit Cards \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Amex \_\_\_\_\_ Other \_\_\_\_\_

Total Limits \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_

FT/PT/Casual \_\_\_\_\_ Employer Ph (\_\_\_\_) \_\_\_\_\_ Time Employed \_\_\_\_\_ Yrs \_\_\_\_\_ Mths

Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_

FT/PT/Casual \_\_\_\_\_ Employer Ph (\_\_\_\_) \_\_\_\_\_ Time Employed \_\_\_\_\_ Yrs \_\_\_\_\_ Mths

Is there a 2<sup>nd</sup> applicant?  Yes  No    If yes, please complete a 2<sup>nd</sup> copy of this section of the application

**COMPANY / BUSINESS DETAILS**

Nature of Business \_\_\_\_\_ Yrs Established \_\_\_\_\_ Yrs under current owners \_\_\_\_\_

No. of employees \_\_\_\_\_ Turnover \$ \_\_\_\_\_

Net Profit \$ \_\_\_\_\_ Directors Salaries \$ \_\_\_\_\_

Trade Ref \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_\_ Contact \_\_\_\_\_

**SUPPLIER OF GOODS** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Sales Person \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Term \_\_\_\_\_ 24 \_\_\_\_\_ 36 \_\_\_\_\_ 48 \_\_\_\_\_ 60    Equipment \_\_\_\_\_

Has any insurer ever declined, cancelled or refused renewal of a policy for you?  Yes  No    If yes, please state reason \_\_\_\_\_

Technology Protection Plan (TPP) Required?  Yes  No    The Techcare Plan (TTP) Required?  Yes  No

**PRIVACY AND CREDIT INFORMATION & PRIVACY ACT AUTHORISATION / AGREEMENT**

I/We understand that the Privacy Act allows the Finance Institution to provide to and request from credit reporting agencies and other credit agencies and other credit providers named in reports from those agencies certain information about me/our personal and commercial activities and credit worthiness which I/We authorise the finance institutions to do. The information which may be given to an agency is covered by section 18E(1) of the Act.

Signature of \_\_\_\_\_ Print Name \_\_\_\_\_ / / \_\_\_\_\_ Date

(1<sup>st</sup> Director /Partner/Individual)

Signature of \_\_\_\_\_ Print Name \_\_\_\_\_ / / \_\_\_\_\_ Date

(2<sup>nd</sup> Director/Partner/Individual)