



FINANCE APPLICATION

COMPANY NAME:	
ACN OR ABN:	

CONTACT:			
ADDRESS:			
PHONE NUMBER:		FAX NUMBER:	
MOBILE PHONE:		PRIVATE PHONE:	

NATURE OF BUSINESS		YEAR BUSINESS ESTABLISHED:	
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DIRECTORS'/PARTNERS'/SHAREHOLDERS' DETAILS (please provide FULL names, including middle names):

1	FULL NAME:		DATE OF BIRTH:	
	ADDRESS:		DRIVER'S LICENCE NUMBER	
2	FULL NAME:		DATE OF BIRTH:	
	ADDRESS:		DRIVER'S LICENCE NUMBER	

BANK:		BRANCH	
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BUSINESS TRADE REFERENCES:

	COMPANY/BUSINESS NAME:	CONTACT PERSON:	PHONE NUMBER:
1			
2			
3			

EXISTING OR FINALISED ACCOUNTS (LEASE/HIRE PURCHASE/CHATTEL MORTGAGE):

	Start Date	Financier	Goods	Account No (if known)	Monthly Payment	Term (length of contract)	Current/ Finalised?
1							
2							
3							
4							

ACCOUNTANT'S DETAILS:

ACCOUNTING FIRM:			
CONTACT NAME:		PHONE NUMBER:	

PERSONAL ASSET AND LIABILITY INFORMATION

AS AT/...../.....

DIRECTORS'/PARTNERS'/SHAREHOLDERS' DETAILS

1	FULL NAME:		DATE OF BIRTH:	
	ADDRESS:			
2	FULL NAME:		DATE OF BIRTH:	
	ADDRESS:			

LIABILITIES	\$	ASSETS	\$
MORTGAGES:		LAND & BUILDINGS:	
• HOME LOAN		• RESIDENCE	
(Financier the home loan is with):		• other property	
OTHER:			
		MOTOR VEHICLES:	
		PERSONAL ASSETS:	
		• FURNITURE	
		INVESTMENTS:	
		• SUPERANNUATION	
		• SHARES (present value)	
		• TERM DEPOSITS	
		• SAVINGS ACCOUNTS/CASH	
		OTHER:	