

## PLANT & EQUIPMENT FINANCE APPLICATION

APPLICANT ENTITY DETAILS			
Business Type: (Please tick)	Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/>
Business Name:			
ABN:		ACN:	
Trading As:			
Trust Name:			
Trust ABN:		Phone:	
Email:			
Website:			
Business Address:			
Postal Address:			
Nature of Business:		Years Established:	

Director/Individual 1			
Surname:		Given Names:	
Date of Birth:	Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>
		DeFacto <input type="checkbox"/>	Separated <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
No. of Dependent Children Under 18yrs:	Age(s):	Drivers Lic No.:	Expiry Date:
Home Ph:	Mobile Ph:	Email Address:	
Current Residential Address:			
Time at Address: Years:	Residency Status:	Owner <input type="checkbox"/>	Buying <input type="checkbox"/>
		Renting <input type="checkbox"/>	Boarding/Family <input type="checkbox"/>
Landlord Details:			
Previous Residential Address:			
Time at Address: Years:	Residency Status:	Owner <input type="checkbox"/>	Buying <input type="checkbox"/>
		Renting <input type="checkbox"/>	Boarding/Family <input type="checkbox"/>

Director/Individual 2			
Surname:		Given Names:	
Date of Birth:	Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>
		DeFacto <input type="checkbox"/>	Separated <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
No. of Dependent Children Under 18yrs:	Age(s):	Drivers Lic No.:	Expiry Date:
Home Ph:	Mobile Ph:	Email Address:	
Current Residential Address:			
Time at Address: Years:	Residency Status:	Owner <input type="checkbox"/>	Buying <input type="checkbox"/>
		Renting <input type="checkbox"/>	Boarding/Family <input type="checkbox"/>
Landlord Details:			
Previous Residential Address:			
Time at Address: Years:	Residency Status:	Owner <input type="checkbox"/>	Buying <input type="checkbox"/>
		Renting <input type="checkbox"/>	Boarding/Family <input type="checkbox"/>

Goods to be Financed			
Year:	Make:	Model:	
Supplier:	Private Sale: Yes <input type="checkbox"/>		No <input type="checkbox"/>
Purchase Price: \$	Deposit already paid: \$		

Credit Details			
Bank:		Branch:	
Overdraft: No <input type="checkbox"/>	Yes <input type="checkbox"/>	Current Outstanding \$	Limit Amount: \$

Accountant Details			
Company:		Contact:	
Phone:	Email:		
Authority to contact Accountant if required (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



**PERSONAL ASSET & LIABILITY STATEMENT**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ASSETS		LIABILITIES		
List items	\$ Value	Lender/Bank	\$ Monthly Payment	\$ Total Owing
<b>Address – Existing Property(s):</b>		<b>Mortgages:</b>		
Street number, name and suburb	\$ Value	Lender	Monthly \$	Total Owing
<b>Motor Vehicles / Plant &amp; Equipment:</b>		<b>Personal Loans:</b>		
Description, including year make and model	\$ Value	Lender	Monthly \$	Total Owing
<b>Other Assets:</b>		<b>Other Liabilities:</b>		
Description, including year make and model	\$ Value	Lender	Monthly \$	Total Owing
<b>Savings / Investments (Bank Details):</b>		<b>Credit Cards: Credit Limit</b>		
Bank	\$ Value	Bank	Monthly \$	Total Owing
<b>Superannuation (Fund Details):</b>		<b>Store Cards / After Pay</b>		
Name of Fund	\$ Value	Store	Monthly \$	Total Owing
<b>TOTAL ASSETS (A):</b> \$ 0.00		<b>TOTAL LIABILITIES (B):</b> \$ 0.00		

**TOTAL ASSETS (A)** \$ 0.00 **less TOTAL LIABILITIES (B)** \$ 0.00 = **NET WORTH** \$ 0.00

BUSINESS COMMITMENTS		
Goods	Lender/Bank	\$ Monthly Payment
Description, including year make and model	Lender	Monthly

I/We certify that the above is a true statement of my/our Assets & Liabilities

Signature

Signature