

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"/>