

Authority to contact Accountant if required (Please tick)

Nick Rowlands - 0421 698 705 Peter Smith - 1300 137 045 Eric Van Gemeren - 1300 137 045

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## **PLANT & EQUIPMENT FINANCE APPLICATION**

APPLICANT ENTITY DETAILS						
<b>D</b> • <b>T</b> (D) (C)						
Business Type: (Please tick)	Company	Partne	ership _	Sole Trader		
Business Name:						
ABN:		ACI	N:			
Trading As:						
Trust Name:						
Trust ABN:		Phoi	ne:			
Email:						
Website:						
Business Address:						
Postal Address:						
Nature of Business:	Years Established:					
Director/Individual 1						
Surname: Given Names:						
Date of Birth:	Marital Status:	Single Married	DeFacto	Separated Divorced Widow	ed	
No. of Dependent Children Und	er 18yrs:		ivers Lic N			
Home Ph:						
Current Residential Address:						
Time at Address: Years:		Residency Status:	Owner	Buying Renting Boarding/Fam	nily	
Landlord Details:					<u> </u>	
Previous Residential Address:						
Time at Address: Years:		Residency Status:	Owner	Buying Renting Boarding/Fam	nily	
		-			· 🗀	
Director/Individual 2						
Surname:	A4	Given Names:	70-54-			
Date of Birth:	Marital Status:	Single Married	DeFacto		ea	
No. of Dependent Children Und		9-(-)-	rivers Lic N			
Home Ph: Mobile Ph: Email Address:						
Current Residential Address:					—	
Time at Address: Years:		Residency Statu	js: Owner	Buying Renting Boarding/Fan	nily	
Landlord Details:						
Previous Residential Address:					—	
Time at Address: Years:		Residency Statu	s: Owner	Buying Renting Boarding/Fam	nily	
Goods to be Financed						
Year: Make:		Mode	el:			
Supplier:				Private Sale: Yes	No	
Purchase Price: \$		Dep	osit alread	dy paid: \$		
Credit Details						
Bank: Branch:						
	rent Outstanding \$		Limit Am			
Overdidii. No 163 Coll	Term Constantially 9		LIIIII AIII			
Accountant Details						
Company:			Co	ontact:		
Phone:		Emai	l:			

Yes

No