



## COMMERCIAL FINANCE APPLICATION

### ASSET DETAILS

License Supplier or Private Sale:		New or Used:	
Asset Type:		Manufactured Year:	
Asset Make:		Asset Model:	
Odometer/Hours: (If applicable)		Additional Add-on:	
Purchase Price:	\$	Deposit/Trade-in:	\$

### BUSINESS DETAILS

Company/Business Name:			
Trust Name: (If applicable)			
Nature of Business/Industry:			
A.B.N Number:		A.C.N Number:	
First Registered Since:		G.S.T Registered Since:	
Business Address:			
Postal Address: (If different from above)			
Business Contact Number:		Business Email:	
Number of Directors:		Business Website:	

### ACCOUNTANT DETAILS

Accountant Firm:		Accountant Name:		Contact Number:	
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### DIRECTORS / GUARANTORS

Personal Details	INDIVIDUAL ONE (1)				INDIVIDUAL TWO (2)			
Title:								
First Name:								
Middle Name:								
Surname:								
Date of Birth:								
Australian Residential Status:	Citizen <input type="radio"/>	Permanent Resident <input type="radio"/>	VISA <input type="radio"/>		Citizen <input type="radio"/>	Permanent Resident <input type="radio"/>	VISA <input type="radio"/>	
Marital Status:								
Number of Dependents:								
Home Phone Number:								
Mobile Number:								
Email Address:								
Driver Licence Number & State:								
Current Address:								
Principle Resident Status:	Boarding <input type="radio"/>	Renting <input type="radio"/>	Mortgage <input type="radio"/>	Paid in Full <input type="radio"/>	Boarding <input type="radio"/>	Renting <input type="radio"/>	Mortgage <input type="radio"/>	Paid in Full <input type="radio"/>
Time at Current Address:	Year(s)		Month(s)		Year(s)		Month(s)	
Previous Address: (If current address is less than 3 years)								
Time at Previous Address:	Year(s)		Month(s)		Year(s)		Month(s)	
If Operating less than 3 years:	PREVIOUS EMPLOYMENT DETAILS				PREVIOUS EMPLOYMENT DETAILS			
Employer Name:								
Occupation/Role:								
Time at Previous Employer:								

Tick box for relevant party

Asset Detail	Asset Value	Current Balance	Monthly Repayment	Financier	Loan Start Date	Loan End Date	Director 1	Director 2	Business
1. Property of Residence:	\$	\$	\$						
2. Investment Property:	\$	\$	\$						
3. Investment Property:	\$	\$	\$						
4. Investment Property:	\$	\$	\$						
Motor Vehicle:	\$	\$	\$						
Motor Vehicle:	\$	\$	\$						
Motor Vehicle:	\$	\$	\$						
Motor Vehicle:	\$	\$	\$						
Other Asset:	\$	\$	\$						
Other Asset:	\$	\$	\$						
Other Asset:	\$	\$	\$						
Other Asset:	\$	\$	\$						
Business Loan	\$	\$	\$						
Business Loan	\$	\$	\$						
Personal Loan	\$	\$	\$						
Personal Loan	\$	\$	\$						
Other Loan:	\$	\$	\$						
Overdraft Secured	\$	\$	\$						
Overdraft Unsecured	\$	\$	\$						
Line of Credit	\$	\$	\$						
Shares/Other Investments:	\$	\$	\$						
Cash/Savings at Bank	\$								
Superannuation	\$								
Home Contents	\$								
<b>TOTAL AMOUNT:</b>									
	Credit Card Limit	Current Balance	Monthly Repayment	Financier					
1. Credit Card/Store Card		\$	\$						
2. Credit Card/Store Card	\$	\$	\$						
3. Credit Card/Store Card	\$	\$	\$						
4. Credit Card/Store Card	\$	\$	\$						

Are there any known defaults or adverse credit history or court action?	YES	NO
If YES, please comment below with details and explanation.		

Additional Notes
