

APPLICATION

Equipment Dealer:	Sales Consultant:	Phone No:
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COMPANY NAME:	ACN / ABN:	
TRADING NAME:	CONTACT:	
ADDRESS:	EMAIL:	
SUBURB/TOWN:	STATE:	POSTCODE:
PHONE:	MOBILE:	FAX:
NATURE OF BUSINESS:	NO. STAFF:	YEARS ESTAB.
BANK & BRANCH:		

1. Director/Individual/Partner NAME:	DOB:	
ADDRESS:	D/L:	Length of Time
SUBURB/TOWN:	STATE:	POSTCODE:
• HOME OWNER RENTING	REAL ESTATE VALUE	OWING
	\$	\$

2. Director/Individual/Partner NAME:	DOB:	
ADDRESS:	D/L:	Length of Time
SUBURB/TOWN:	STATE:	POSTCODE:
• HOME OWNER RENTING	REAL ESTATE VALUE	OWING
	\$	\$

ACCOUNTANT'S NAME:	CONTACT:	PHONE:
INSURANCE COMPANY/BROKER:	CONTACT:	PHONE:

EQUIPMENT DESCRIPTION:	REASON FOR EQUIP:	
COST PRICE:	GST COMPONENT	TOTAL PRICE \$
\$	\$	
REPAYMENTS: \$ /mth TERM (months):	TYPE OF FINANCE	RESIDUAL VALUE: \$

TRADE/CREDIT REFERENCE (1):	PH:
TRADE/CREDIT REFERENCE (2):	PH:
TRADE/CREDIT REFERENCE (3):	PH: