

A.B.N. 72 293 649 281

INDIVIDUAL FINANCE APPLICATION

Full Name				Date of Birth					
Drivers Licence No	E					Date			
Address							No. Years		
Previous Address (if less than 3 years)		_					No. Years		
Contact Details	Phone			Mobi	le				
	Fax			Emai	1				
Marital Status		Dependar	nts			Age of Dependants			
Spouses Name					Date o	f Birth			
Employer					No. Years				
Employer Address						F/T, P/T or Casual?			
Residential Status	Rent / Mortgage / Board			Mon Amo	-				
Goods description	New / U	Jsed	Year			Amount			
Trade In			Make						
Deposit			Model						
Amount Financed			Dealership/Private Sale						
Term			Contact Name						
Balloon / Residual			Contact Phone						
Direct Debit Account	BSB		Account			Bank			

Income Per Month		Net/Gross			
Expenditure – Monthly	Living Expenses				
	Credit Card	Limit		Balance	
	Other Expenses				
Assets	Cash in Bank				
	Property				
	Motor Vehicles				
	Household Effects				
	Term Deposits/Shares				
	Other Assets				
Reference Name					
Reference Address					
Reference Phone Number					