

# Application

Applicant Details						
Trading Name:				A.C.N. / A.B.N.:		
Legal Entity:				Date Established:		
Address:		Suburb:		State:		Post Code:
Name of authorized officer:			Position:		Phone number: ( )	
Email:			Web:		Fax number: ( )	
Accountant:			Contact:		Ph. No ( )	
Equipment:			Facility/Amount Required (ex GST): \$		Term (months):	
Director / Partner/Owner	Addresses		Drivers License	Date Of Birth	Residence	
1.					Home Owner Yes / No	
2.					Home Owner Yes / No	
3.					Home Owner Yes / No	
Debt Schedule – Financier	Facility Type	Limit / Amount	Repayment	Term	Start Date	Current Balance
1.						
2.						
3.						
4.						
5.						
6.						
Trade References – Company Name	Contact Name	Phone No	Annual Purchases			
			\$			
2.			\$			
<b>Please attach your last two year's finalized accounts (Balance Sheet, Profit &amp; Loss and notes to the accounts)</b>						

I authorize Finance Exchange (if required) to talk direct to my accountant to obtain financial information for the purpose of assessing a rental transaction.

I / we understand that Finance Exchange intends to use the above information to obtain references and information about my / our credit worthiness, credit standing, credit history and credit capacity. We / I hereby certify that the information contained in this application is true and correct to the best of my / our knowledge. I / we authorize you to verify this information with third parties or any credit reporting agency utilized by Finance Exchange, including if applicable the personal information of our directors, partners, shareholders or owners.

Signed by Director / Partner / Owner / Authorized Officer ..... Date.....

Name.....

Signed by Director / Partner / Owner / Authorized Officer ..... Date.....

Name.....

OFFICE USE ONLY : ACAP Number\_\_\_\_\_