



Ward Thomas & Associates
Finance & Insurance Consultants - Townsville
Phone (07) 47 723 833

Business Credit Application

Please complete this form and fax to (07) 47 211 485

Section 1 - Business details

Type of Business : Sole Trader Company Partnership Trust
 Other _____

Nature of Business: _____
 Company Name: _____
 Trust Name: _____
 Trading Name: _____
 A.B.N. : _____
 Phone: _____
 Email: _____
 A.C.N. : _____
 Fax: _____
 Date Business Commenced Trading : _____

Section 2 - Details of Partners / Directors (If more than 2 Partners Directors please use additional sheets)

Partner / Director 1 - Personal Details

First Name: _____
 Second Name: _____
 Surname: _____
 Gender: _____ Date of Birth: _____
 Marital Status: _____
 Number of Dependants: _____
 Drivers Licence Number: _____

Partner / Director 2 - Personal Details

 Second Name: _____
 Surname: _____
 Gender: _____ Date of Birth: _____
 Marital Status: _____
 Number of Dependants: _____
 Drivers Licence Number: _____

Partner / Director 1 - Address Details

Street Address: _____
 Suburb: _____
 Postcode: _____ State: _____
 Phone Number (Home): (_____)
 Phone Number (Work): (_____)
 Phone Number (Mobile): _____
 Fax Number: (_____)
 E-mail Address: _____

Partner / Director 2 - Address Details

Street Address: _____
 Suburb: _____
 Postcode: _____ State: _____
 Phone Number (Home): (_____)
 Phone Number (Work): (_____)
 Phone Number (Mobile): _____
 Fax Number: (_____)
 E-mail Address: _____

Residential Status (Please tick)

Own Home Mortgage
 Rent Employer Subsidised
 Board (Live with Parents)

Duration at residence
 _____ Years _____ Months

Previous Address (If less than 3 years at current)
 Street Address: _____
 Suburb: _____
 Postcode: _____ State: _____

Duration at residence
 _____ Years _____ Months

Residential Status (Please tick)

Own Home Mortgage
 Rent Employer Subsidised
 Board (Live with Parents)

Duration at residence
 _____ Years _____ Months

Previous Address (If less than 3 years at current)
 Street Address: _____
 Suburb: _____
 Postcode: _____ State: _____

Duration at residence
 _____ Years _____ Months

Partner / Director 1 Personal Assets

Cash in Bank:	\$
Home Value:	\$
Other Property Value:	\$
Motor Vehicles:	\$
Household Effects	\$
Business Assets:	\$
Term Deposit:	\$
Other Assets*:	\$
*Details of Other Assets:	\$
	\$
	\$

Partner / Director 2 Personal Assets

Cash in Bank:	\$
Home Value:	\$
Other Property Value:	\$
Motor Vehicles:	\$
Household Effects	\$
Business Assets:	\$
Term Deposit:	\$
Other Assets*:	\$
*Details of Other Assets:	\$
	\$
	\$

Partner / Director 1 Personal Liabilities

Home Mortgage:	\$
Other Property Mortgages:	\$
Credit Card (Limit)	\$
Loans Outstanding:	\$
Other Liabilities*:	\$
*Details of Other Liabilities:	\$
	\$
	\$
	\$
	\$
	\$

Partner / Director 2 Personal Liabilities

Home Mortgage:	\$
Other Property Mortgages:	\$
Credit Card (Limit)	\$
Loans Outstanding:	\$
Other Liabilities*:	\$
*Details of Other Liabilities:	\$
	\$
	\$
	\$
	\$
	\$

Partner / Director 1: Details of Loans Outstanding

Finance Company and Goods Purchased	Payments	Start Date	Term	To be paid out? Y/N
	\$			
	\$			
	\$			
	\$			
	\$			

Partner / Director 2: Details of Loans Outstanding

Finance Company and Goods Purchased	Payments	Start Date	Term	To be paid out? Y/N
	\$			
	\$			
	\$			
	\$			
	\$			

