



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

**Section 1 - Personal details**

**Applicant 1 - Personal Details**

First Name:
Second Name:
Surname:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:
Marital Status:
Number of Dependants:
Drivers Licence Number:

**Applicant 2 - Personal Details**

Second Name:
Surname:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:
Marital Status:
Number of Dependants:
Drivers Licence Number:

**Applicant 1 - Address Details**

Street Address:
Suburb:
Postcode: <input type="text"/> State: <input type="text"/>
Phone Number (Home): ( <input type="text"/> )
Phone Number (Work): ( <input type="text"/> )
Phone Number (Mobile):
Fax Number: ( <input type="text"/> )
E-mail Address:

**Applicant 2 - Address Details**

Street Address:
Suburb:
Postcode: <input type="text"/> State: <input type="text"/>
Phone Number (Home): ( <input type="text"/> )
Phone Number (Work): ( <input type="text"/> )
Phone Number (Mobile):
Fax Number: ( <input type="text"/> )
E-mail Address:

**Residential Status (Please tick)**

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

**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: <input type="text"/> State: <input type="text"/>

Duration at residence

Years     Months

Previous Address (If less than 3 years at current)

Street Address:
Suburb:
Postcode: <input type="text"/> State: <input type="text"/>

**Applicant 1 - Employment Details**

Full - Time     Part - Time  
 Casual     Unemployed  
 Self Employed     Contract

**Applicant 2 - Employment Details**

Full - Time     Part - Time  
 Casual     Unemployed  
 Self Employed     Contract

Occupation:
Name of Employer:
Street Address:
Suburb:
Postcode: <input type="text"/> State: <input type="text"/>
Phone Number : ( <input type="text"/> )
Contact Name:
Position:

Duration of Employment

Years     Months

Occupation:
Name of Employer:
Street Address:
Suburb:
Postcode: <input type="text"/> State: <input type="text"/>
Phone Number : ( <input type="text"/> )
Contact Name:
Position:

Duration of Employment

Years     Months



**Details of Loans Outstanding**

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

**References**

**Personal Reference**

Name:	Address:
Phone Number:	

**Nearest Living Relative (Not Living With You)**

Name:	Address:
Phone Number:	

**Landlord or Mortgagee**

Name:	Address:
Phone Number:	

**Bank**

Name:	Address:
Type of Account:	

**Accountant**

Name:	Address:
Phone Number:	

**Loan Details**

Cost of Goods:	\$	Preferred Term:	Months
Amount of Deposit:	\$	Amount of Trade:	\$
Balloon if Required:	\$	Repayment Frequency:	Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Total Amount to be Financed:	\$		

**Details of Vehicle Being Traded (If Applicable)**

Make:	Model:	Year:
Engine #	Vin #	Rego #

**Details of Vehicle Being Purchased**

Make:	Model:	Year:		
Petrol <input type="checkbox"/>	Diesel <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Engine Capacity:
4WD <input type="checkbox"/>	2WD <input type="checkbox"/>	Type (Sedan, Ute, Etc):		
Odometer Reading:				
Extra Accessories:				

**Supplier Details**

Private Sale	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of supplier / dealer:		
Contact Name:	Phone Number:	

I/We declare that the above information is true & correct, that I/We are not undisclosed bankrupt and that there are no unsatisfied judgments made against me/us.

Applicant 1

X

Applicant 2

x