

Applicant Name: _____

Contact Name: _____ Telephone: _____

Address: _____

ACN/ABN: _____ Bankers Name: _____

Nature of Business: _____ Year Established: _____

Accountant Name: _____

Accountant Contact: _____ Telephone: _____

DETAILS OF INDIVIDUAL / PARTNER / DIRECTOR / GUARANTOR:

Full Name: _____

License No: _____ Expiry: ____/____/____ D.O.B: ____/____/____

Home Address: _____

Full Name: _____

License No: _____ Expiry: ____/____/____ D.O.B: ____/____/____

Home Address: _____

Full Name: _____

License No: _____ Expiry: ____/____/____ D.O.B: ____/____/____

Home Address: _____

TRADE/CREDIT REFERENCES:

1. Business Name: _____ Telephone: _____

2. Business Name: _____ Telephone: _____

3. Business Name: _____ Telephone: _____

SUPPLIER DETAILS

Supplier Contact: _____ Telephone: _____

Description of Goods: _____

Cost of Goods: _____ Does this amount include GST? Yes No

Term (months): _____ Res. Value (%): _____

Please check this box to indicate that you have signed and faxed the Privacy Act Form to Equipmac Finance & Leasing Pty Ltd