

LOAN APPLICATION FORM

DATE:		DEALER:		CONTACT:	
GOODS TO BE PURCHASED MAKE		<input type="checkbox"/> New <input type="checkbox"/> Business <input type="checkbox"/> Advance <input type="checkbox"/> Used <input type="checkbox"/> Private <input type="checkbox"/> Arrears		Total Retail Price \$	
				Less Cash Deposit \$	
MODEL				Less Trade-in \$	
ACCESSORIES				Sub Total/to Dealer \$	
		KM		Insurance Premium – Comp \$	
				Insurance Premium – Gap \$	
				Insurance Premium Oth/Brok \$	
				Insurance Premium – CCI \$	
				Amount Financed \$	
				TERM: MONTHS \$	
				RATE: %	

TRADE DETAILS			
YEAR	MAKE	AMOUNT \$	
		PAYOUT \$	
		EQUITY \$	

PERSONAL DETAILS			
Title (Mr,Mrs, etc)	Family Name	Given Names	
Mrs			
	Spouse's Family Name	Given Names	
Street Address	Postcode		
Previous Address	Postcode		
Second Previous Address	Post Code		
Email Address			
Clients Residential Status		Name of Mortgagee / Landlord	
<input type="checkbox"/> owned <input type="checkbox"/> rented <input type="checkbox"/> buying <input type="checkbox"/> living with relatives <input type="checkbox"/> boarding			
Clients Marital Status		Telephone	
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> other			
Occupation	Employer's Name & Address		
Previous Employer's Name & Address(if less than 3 years)			
Spouse's Occupation	Employer's Name & Address		
Previous Employer's Name & Address (if less than 3 years)			
Name of Bank Bank Branch		No. Dependents:	
		Yrs Mths	
		Yrs Mths	
		Yrs Mths	
		Yrs Mths	
<input type="checkbox"/> Savings <input type="checkbox"/> Credit <input type="checkbox"/> Cheque		Ages:	
		Business Phone	
		Income	
		Gross Nett	
		\$ \$	
		Business Phone	
		Income	
		Gross Nett	
		\$ \$	
		Other Income	
		Gross Nett	
		\$ \$	
Name of Bank Bank Branch		Details	
		Gross Nett	
		\$ \$	

PREVIOUS CREDIT REFERENCES			
Company	Branch	Details	Monthly Repayment
			\$
			\$
			\$
			\$
Personal Reference Name & Address			
Accountant			
Address			
Name of nearest relative not living with client		Address	

Current	Finalised	Balance	Limit
<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Phone No:	
Phone No:	
Phone No.	Relationship

LIABILITIES	AMOUNT	ASSETS	VALUE
First Mortgage		House	
Second Mortgage		Furniture	
Hire Purchase/Leases		Car/s	
Personal Loan/s		Bank Account/s	
Bank Overdraft		Shares	
Other – Detail		Life Policies	
		Other – Detail	
Sub Total Liabilities		Sub Total Assets	
Surplus			
TOTAL	\$	TOTAL	\$

MONTHLY EXPENDITURE	AMOUNT	MONTHLY INCOME	AMOUNT
Mortgage Repayments		Net Salary/Wage	
Rent/Rates		Spouse's Net Salary/Wage	
Medical Insurance		Director's Fees	
HP and PL Commitments		Interest/Dividends	
Living Expenses		Other – Detail	
Other – Detail			
Sub-Total Expenditure		Sub-Total Income	
Surplus		Deficiency	
TOTAL	\$	TOTAL	\$

EXPLANATORY NOTES