

LAURENTIDE FINANCIAL SERVICES PTY LTD

APPLICATION FORM

finance@laurentide.com.au

ph: 02 99545044
fax: 02 9955 6544

ALL APPLICANTS

Applicant's Name Date:
 Trading Name: Mobile No:
 Business Address: Fax No:
 A.B.N. /A.C.N. Ph No:
 Type of business (or occupation) E-Mail:
 Contact: Commenced:
 Accountants: Ph No:
 Address:
 Bankers: Branch A/c No:
 Trade / Personal References
 1 Ph No:
 2 Ph No:
 3 Ph No:
 Finance References
 1 Account No:
 2 Account No:
 3 Account No:

INFORMATION	DIRECTOR/ PROPRIETOR/PARTNER/SELF	DIRECTOR/PARTNER/GUARANTOR
NAME Date of Birth.....Lic.No..... Date of Birth..... Lic.No.....
RESIDENTIAL ADDRESSPh no.....Yrs.....Ph no.....Yrs.....
Previous AddressYrs.....Yrs.....
HOME OWNERSHIP	Valuation \$..... Balance owing \$..... Mortgagee Branch..... Landlord Phone no.....	Valuation \$..... Balance owing \$..... Mortgagee Branch..... Landlord Phone no.....
SPOUSE	Name..... D.O.B.....Lic.No..... Employer..... Position..... Income.....Yrs.....	Name..... D.O.B.....Lic no..... Employer..... Position..... Income.....Yrs.....

INDIVIDUAL APPLICANTS

Current Employer: Yrs.
 Address: Income PA \$
 Previous Employer: Yrs.

VEHICLE/ GOODS PAYMENT DETAILS

Make and description
 Accessories:
 Supplier: Contact Ph no
 Fax
 Term Mths at \$ P.M (inc. 1st rental) Price \$
 Residual value Lease/C.H.P. /C.M./Rental Deposit \$
 Amount Financed \$