

Loan Application



Finance 48...drive away in 48 hours

Phone: (08) 9227 7233 Fax: (08) 9227 7833

Date ____ / ____ / ____ Time ____ Source / Dealer _____

Personal Details - Applicant 1

Name

Previously known by another name? Yes No
If yes, provide details

Date of Birth / / Gender M F Marital Status

No. Dependants Date of Birth of all Dependants

License No. Expiry / /

If Motorcycle, 250+? Yes No

Mobile No. Work No.

Email address

Current residential address

Time there years months

Current residential situation
Buying Renting Boarding

Previous residential address

Time there years months

Personal Details - Applicant 2

Name

Previously known by another name? Yes No
If yes, provide details

Date of Birth / / Gender M F Marital Status

No. Dependants Date of Birth of all Dependants

License No. Expiry / /

If Motorcycle, 250+? Yes No

Mobile No. Work No.

Email address

Current residential address

Time there years months

Current residential situation
Buying Renting Boarding

Previous residential address

Time there years months

Employment Details - Applicant 1

Occupation

Full time Part time Casual

Student Self employed

Time there years months

Employer name

Address

Contact name

Position

Phone No.

Previous occupation (if less than 3 yrs with current employer)

Full time Part time Casual

Student Self employed

Time there years months

Employer name

Address

Contact name

Position

Phone No.

Any prior financial problems

Employment Details - Applicant 2

Occupation

Full time Part time Casual

Student Self employed

Time there years months

Employer name

Address

Contact name

Position

Phone No.

Previous occupation (if less than 3 yrs with current employer)

Full time Part time Casual

Student Self employed

Time there years months

Employer name

Address

Contact name

Position

Phone No.

Any prior financial problems

Vehicle Details

Make

Model

Body type

Engine type / size

Year

Odometer reading

Condition

New Used

Transmission

Auto Manual

Vehicle Details - continued

Accessories

Purchase price

Less deposit

Trade in price

Trade in year / model

Financial payout

Insurance

MB \$	GC \$	CI \$	CCI \$
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TOTAL

Banking Details

Repayment

Monthly Fortnightly

Bank

Branch

Account type

Accountant name

Accountant phone No.

References

NB: Only one nearest relative required for P&N, but must have full address

Business reference

Name

Address

Phone No.

Personal reference

Name

Address

Phone No.

Nearest relative

Name

Address

Phone No.

Mortgage / landlord

Name

Address

Phone No.

Summary of Financial Position

Prior financial problems

Yes No

With whom?

Monthly Income (after tax)

Applicant 1 Income

\$

Applicant 2 Income

\$

Regular Overtime

\$

Part time employment

\$

Rental Income

\$

Interest

\$

Dividends

\$

Family allowance

\$

Other

\$

Please detail

Asset	Description	Value
Savings	<input type="text" value="bank"/>	\$ <input type="text"/>
House	<input type="text" value="address"/>	\$ <input type="text"/>
Other property	<input type="text" value="address"/>	\$ <input type="text"/>
Motor Vehicle	<input type="text" value="make, model, year, description"/>	\$ <input type="text"/>
Motor Vehicle	<input type="text" value="make, model, year, description"/>	\$ <input type="text"/>
Shares / bonds	<input type="text" value="details"/>	\$ <input type="text"/>
Investments	<input type="text" value="details"/>	\$ <input type="text"/>
House effects	<input type="text" value="details"/>	\$ <input type="text"/>
Other	<input type="text" value="details"/>	\$ <input type="text"/>

Liabilities

Rent

Payment

\$

Frequency

W F M

Child maintenance

Payment

\$

Frequency

W F M

Housing loan

Payment

\$

Frequency

W F M

Balance

\$

Limit

\$

Payee Name

Term

Comm. date

/ /

P/O

Other Property

Payment

\$

Frequency

W F M

Balance

\$

Limit

\$

Payee Name

Term

Comm. date

/ /

P/O

Summary of Financial Position - continued

Liabilities - continued

Investment loan

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Personal loan

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Credit / store cards

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Credit / store cards

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Overdraft

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Other

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Have you been bankrupt, insolvent, assigned your estate or had legal proceedings taken against you for debt? Yes No

If yes, give details

Amount	Year	Year of bankruptcy	Year of discharge
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>