

Mainland Finance

4/20 Tompson St Wagga Wagga NSW 2650

Application for Finance



APPLICANT

Date:	<input type="text"/>		
Borrower's Name:	<input type="text"/>	Entity Type:	<input type="text"/> Years Est: <input type="text"/>
Trust Name:	<input type="text"/>	Trading Name:	<input type="text"/>
ABN:		A.C.N:	
Trading Address:	<input type="text"/>	Mailing Address: (if different)	<input type="text"/>
Suburb:	<input type="text"/>	Suburb:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Fax:	<input type="text"/>	Website:	<input type="text"/>

CORPORATE GUARANTOR

Entity Name:	<input type="text"/>	Entity Type:	<input type="text"/> Years Est: <input type="text"/>
Trust Name:	<input type="text"/>	Trading Name:	<input type="text"/>
ABN:		A.C.N:	
Trading Address:	<input type="text"/>	Mailing Address: (if different)	<input type="text"/>
Suburb:	<input type="text"/>	Suburb:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Fax:	<input type="text"/>	Website:	<input type="text"/>

DIRECTOR / INDIVIDUAL (1)

Full Name:	<input type="text"/>	D.O.B: (DD/MM/YYYY)	<input type="text"/>	No. of Children:	<input type="text"/>
D/Licence No.	<input type="text"/>	Expiry:	<input type="text"/>		
Residential Address:	<input type="text"/>	Mailing address: (if different)	<input type="text"/>		
Suburb:	<input type="text"/>	Suburb:	<input type="text"/>		
State:	<input type="text"/>	Postcode	<input type="text"/>	State:	<input type="text"/>
Postcode	<input type="text"/>			Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>		
Fax:	<input type="text"/>	Email:	<input type="text"/>		
Property owner	<input type="radio"/> Yes				
	<input type="radio"/> No	No. Yrs:	<input type="text"/>	Marital Status:	<input type="text"/>
Previous address:	<input type="text"/>	Previous Employer:	<input type="text"/>		
Suburb:	<input type="text"/>	Position:	<input type="text"/>		
State:	<input type="text"/>	Postcode	<input type="text"/>	Yrs:	<input type="text"/>
Postcode	<input type="text"/>			Phone:	<input type="text"/>
Length of time at address	<input type="text"/>	No. Yrs	<input type="text"/>		

DIRECTOR / INDIVIDUAL (2)

Full Name:	<input type="text"/>	D.O.B: (DD/MM/YYYY)	<input type="text"/>	No. of Children:	<input type="text"/>
D/Licence No.	<input type="text"/>	Expiry:	<input type="text"/>		
Residential Address:	<input type="text"/>	Mailing Address: (if different)	<input type="text"/>		
Suburb:	<input type="text"/>	Suburb:	<input type="text"/>		
State:	<input type="text"/>	Postcode	<input type="text"/>	State:	<input type="text"/>
Postcode	<input type="text"/>			Postcode	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>		
Fax:	<input type="text"/>	Email:	<input type="text"/>		
Property owner	<input type="radio"/> Yes				
	<input type="radio"/> No	No. Yrs:	<input type="text"/>	Marital Status:	<input type="text"/>
Previous address:	<input type="text"/>	Previous Employer	<input type="text"/>		
Suburb:	<input type="text"/>	Position:	<input type="text"/>		
State:	<input type="text"/>	Postcode	<input type="text"/>	Yrs:	<input type="text"/>
Postcode	<input type="text"/>			Phone:	<input type="text"/>

DIRECTOR / INDIVIDUAL (3)

Full Name:	<input type="text"/>	D.O.B: (DD/MM/YYYY)	<input type="text"/>	No. of Children:	<input type="text"/>
D/Licence No.	<input type="text"/>	Expiry:	<input type="text"/>		
Residential Address:	<input type="text"/>	Mailing Address: (if different)	<input type="text"/>		
Suburb:	<input type="text"/>	Suburb:	<input type="text"/>		
State:	<input type="text"/> Postcode	State:	<input type="text"/> Postcode		
Phone:	<input type="text"/>	Mobile:	<input type="text"/>		
Fax:	<input type="text"/>	Email:	<input type="text"/>		
Property owner	<input type="radio"/> Yes	No. Yrs:	<input type="text"/>	Marital Status:	<input type="text"/>
	<input type="radio"/> No				
Previous address:	<input type="text"/>	Previous Employer	<input type="text"/>		
Suburb:	<input type="text"/>	Position:	<input type="text"/>		
State:	<input type="text"/> Postcode	Yrs:	<input type="text"/>	Phone:	<input type="text"/>
Length of time at address:	No. Yrs:		<input type="text"/>		

FINANCIAL CONTACTS

Accountant / Tax Agent:	<input type="text"/>	Contact:	<input type="text"/>	Phone:	<input type="text"/>
Insurance Broker:	<input type="text"/>	Contact:	<input type="text"/>	Phone:	<input type="text"/>
Bank:	<input type="text"/>	Branch:	<input type="text"/>		

REFERRED BY

Contact:	<input type="text"/>	Firm:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

SUPPLIERS

Supplier Name (1):

Contact:

Phone:

Email:

Supplier Name (2):

Contact:

Phone:

Email:

AMOUNT FINANCED

	Cost:	
	GST:	
	TOTAL:	
Less	Deposit / Trade In:	
Plus	Payout:	
	TOTAL FINANCED	

TERMS

Facility:

Period:

Term Required:

Payment Structure:

Brokerage:

 %

Other (Details):

Other:

Residual / Balloon:

Financier Rate:

 %

Repayment:

EQUIPMENT TO BE FINANCED

Condition

Reason For Purchase:

Other:

Description of Equipment including year of manufacture:

Address equipment is located:

Suburb:

State:

Postcode: