



Commercial Application

Submitting your application

Please ensure you attach the following:

- Evidence of verbal privacy consent or Signed Privacy Act Form (Guarantors must sign)
- Supporting documentation and most recent financial details:

Company/Trust: Require Profit and Loss statement and Balance sheet; and Certified copy of your Trust Deed (if applicable)

Partnership: Require Partnership Tax Return

Sole trader: Require an individual Tax Return

Broker Details

Broker Name: David Long	SOB / Ref #:
Phone Number: 1300 18 17 19	Mobile: 0423 605 401
Fax Number:	Email: david@A1EquipmentFinance.com.au

Applicant Details

Company/Partnership/Sole Trader name:				
ABN:		ACN:		
Trading Name:				
Trust Name:				
Trading Address:				
Country of Establishment:				
Phone Number: ()				
Total Number of Directors/Partners:				
Type of Trust:				
Nature of Business:				
Time in Operation:		Years		Months

Director/Partner/Guarantor 1 - Details

Full Name:		Date of Birth:		
Address:		How long	Yrs/Mths	
Previous Address:		How long	Yrs/Mths	
Gender:				
Marital Status:		Number of Dependents:		
Telephone (A/H)			Mobile	
Drivers Licence Number:				
Time as Director/Proprietor of Company:		Years		Months
Residential Status (Please circle)	Own	Mortgage	Rent	Board

Applicant Details (cont.)

Director/Partner/Guarantor 1 – Asset position

Personal Assets		Personal Liabilities	
Cash at bank	\$	Loans Outstanding	\$
Home Value	\$	Home Mortgage	\$
Other Property Value	\$	Other Mortgages	\$
Motor vehicle/s	\$	Credit Card (limit)	\$
Household Effects	\$	Overdraft (Limit)	\$
Business Assets	\$	Creditors	\$
Term Deposits	\$	Other (Please list)	\$
Debtors	\$		
Other (please list)	\$	Mortgage Provider?:	

Director/Partner/Guarantor 2 - Details

Full Name:		Date of Birth:	
Address:		How long	Yrs/Mths
Previous Address:		How long	Yrs/Mths
Gender:			
Marital Status:		Number of Dependents:	
Telephone (A/H)		Mobile	
Drivers Licence Number:			
Time as Director/Proprietor of Company:		years	months
Residential Status	Own	Mortgage	Rent Board

Director/Partner/Guarantor 2 – Asset Position

Personal Assets		Personal Liabilities	
Cash at bank	\$	Loans Outstanding	\$
Home Value	\$	Home Mortgage	\$
Other Property Value	\$	Other Mortgages	\$
Motor vehicle/s	\$	Credit Card (limit)	\$
Household Effects	\$	Overdraft (Limit)	\$
Business Assets	\$	Creditors	\$
Term Deposits	\$	Other (Please list)	\$
Debtors	\$		
Other (please list)	\$	Mortgage Provider?:	

***For each subsequent director/partner/guarantor you will need to complete the above information**

5. Additional Directors / Shareholders / Partners

Please supply details of all other Directors / Partners / Shareholders in your business

Please also supply a list of all other beneficial owners with a shareholding of greater than 25% if your business is a Pty Ltd

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

<input type="checkbox"/> Director / Shareholder	<input type="checkbox"/> Partner
<input type="checkbox"/> Chairperson / Treasurer / Secretary	
<input type="checkbox"/> Other (Please State)	_____

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

<input type="checkbox"/> Director / Shareholder	<input type="checkbox"/> Partner
<input type="checkbox"/> Chairperson / Treasurer / Secretary	
<input type="checkbox"/> Other (Please State)	_____

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

<input type="checkbox"/> Director / Shareholder	<input type="checkbox"/> Partner
<input type="checkbox"/> Chairperson / Treasurer / Secretary	
<input type="checkbox"/> Other (Please State)	_____

6. Additional Trustees and Trust Beneficiary Details

Please supply a list of all other Trustees of your Trust and details of all Beneficiaries or class of beneficiaries (if applicable)

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

<input type="checkbox"/> Trustee	
<input type="checkbox"/> Beneficiary or	
Class of Beneficiary (Please Specify)	_____

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

<input type="checkbox"/> Trustee	
<input type="checkbox"/> Beneficiary	
Class of Beneficiary (Please Specify)	_____

Full Name:
Street Address:
Suburb:
Postcode: State/Territory:

Type : *Please tick* ✓

<input type="checkbox"/> Trustee	
<input type="checkbox"/> Beneficiary	
Class of Beneficiary (Please Specify)	_____

Banking Details	
Name of Bank/Branch:	Account Type:

Accountant Details	
Name of Accounting Firm:	
Contact person:	Phone Number:

Trade References (must provide at least 2)		
Company Name	Contact Person	Contact Details

Description of Goods							
Year:		Make:			Model:		
Description of Goods:							
Km's / Hours:							
For Cars/Trucks only:							
Fuel	LPG	Petrol	Diesel				
Type	Hatch	Sedan	Wagon	4WD	Utility	Dual Cab	Other
Engine	V6	V8	4 cyl	Other			
Transmission		Manual	Automatic				
State / Territory where goods will be predominantly used:							

Trade- in Details (if applicable)	
Year:	Registration number:
Make:	Model:
Trade Amount:	Colour:
Finance Co (if Applicable):	Payout Amount:

Supplier Details
Supplier:
Address:

Finance Details				
Cost Price:		Base Rate:		
Deposit:		Brokerage (Incl GST):		
Trade-in Value:		Customer Rate:		
Amount Financed:				
Residual/balloon;				
Term (months):				
Facility:	Chattel Mortgage	Hire Puchase	Lease	Other Specify
Payments are in:	Advance	Arrears		
Fees	Financed	Direct Debit / Cheque		

Financial Commitments (If applicable)				
	1	2	3	4
Lender / Financier				
Date Commenced				
Amount Financed				
Goods				
Monthly repayment				
Term				
Balloon/Residual				
Current Balance				

PRIVACY AND CREDIT INFORMATION PRIVACY ACT AUTHORISATION/AGREEMENT



Authorisation to Act on Behalf of Individuals

In compliance with the Commonwealth Privacy Act, applicant parties to a finance application should complete and give this return to the below-named introducer/broker for the purposes of the Privacy Act.

Name of Introducer:

A1 Car Loans / A1 Truck Finance / A1 Equipment Finance

Acknowledgement of Disclosure of Credit Information to a Credit Reporting Agency.

I/We acknowledge that Section 18E(8)(c) of the Privacy Act allows a credit provider which the abovenamed Introducer/Broker may approach in arranging my/our finance (hereinafter the Approached Credit Provider), to give a credit reporting agency certain personal information about my/our application for finance.

The information which may be given to an agency is covered by Section 18E(1) of the Act and includes:

- Such permitted particulars about me/us which allow me/us to be identified;
- The fact that I/we have applied for finance and the amount;
- The fact that the Approached Credit Provider is a current Credit Provider to me/us;
- Payments which become overdue more than 60 days, and for which collection action has commenced;
- Advice that payments are no longer overdue;
- Cheques drawn by me/us which have been dishonoured more than once;
- In specific circumstances, that in the opinion of the Approached Credit Provider I/we have committed a serious credit infringement;
- That finance provided to me/us by the Approached Credit Provider has been paid or otherwise discharged.

By virtue of this acknowledgement I/we understand that the abovenamed Introducer/Broker has informed me of the disclosure policy to a credit reporting agency of information about me/us by Approached Credit Providers and I/we so authorise such disclosures.

Agreement/Authority for an Approached Credit Provider to perform certain permitted actions concerning a Finance Application or Transaction.

I/we acknowledge that, if it is considered relevant in assessing my/our application for personal credit, the Approached Credit Provider may obtain a report about my/our commercial activities or commercial creditworthiness from a business which provides information about the commercial creditworthiness of persons.

I/we agree that, if it is considered relevant in assessing my/our application for commercial credit, the abovenamed credit provider may obtain from a credit reporting agency a credit report containing personal credit information about me/us.

I/we agree that the Approached Credit Provider may give to and seek from any Credit Providers named in the accompanying finance application and any Credit Providers that may be named in a personal or commercial credit report issued by a credit reporting agency or a commercial credit reporting agency respectively, information about my/our personal or commercial credit arrangements; I/we understand

that this information can include any information about my/our creditworthiness, credit standing, credit history or credit capacity that Credit Providers are allowed to give or receive from each other under The Privacy Act.

Agreement/Authority in Relation to Other Parties to Perform Certain Permitted Actions Concerning Finance Applications or Transactions.

For the purpose of arranging the finance which is the subject of my/our application, the details of which appear below, I/we authorise the abovenamed Introducer/Broker to obtain a report about my/our consumer and/or commercial creditworthiness from a credit reporting agency or a commercial credit reporting agency or from a credit provider named in this application or referred to in such reports.

I/we also authorise the abovenamed Introducer/Broker to pass on the above obtained reports to such Approached Credit Providers as are appropriate, for their consideration of this application.

I/we also authorise the abovenamed Introducer/Broker to give to and receive from such parties as are necessary to the arranging of this finance, such personal information about me/us which is necessary to the arrangement.

I/we also authorise the Approached Credit Provider to disclose to the guarantor/s named below information as permitted by Section 18N(1)(bg) and 18N(1)(bh) of The Privacy Act.

This authority remains in force until the credit facility covered by the application ceases.

Details of Application.

Amount _____

Purpose: _____

Full Name: _____

Signature: _____

Date: ____ / ____ / ____

Full Name: _____

Signature: _____

Date: ____ / ____ / ____