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APPLICATION FOR PERSONAL FINANCE

Dealer
Contact

GOODS TO BE PURCHASED

Year	Make	Total Retail Price	\$
		Less Cash Deposit	\$
KLMS	Model	Less Trade-In Equity	\$
		SUB TOTAL	\$
Extras		Insurance	\$
		Insurance	\$
R'pays	Term	Brokerage	\$
	Balloon / R.Val	% Rate	
		TOTAL	\$

PERSONAL PARTICULARS

Surname 1	Given Names	DOB	Licence No	Expiry Date	Home Phone
Mobile	Email Address				
Surname 2	Given Names	DOB	Licence No	Expiry Date	Home Phone
Mobile	Email Address				
Current Address					Years / Months
Previous Address (if at present address less than three years)					Years / Months
Second Previous Address					Years / Months
Is Your Home? <input type="checkbox"/> Your Own <input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/> Boarding <input type="checkbox"/> Living with Relatives					Monthly Payment
Name/Address of Mortgagee/Landlord					Phone
Are you presently? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other					
Number of Dependants Ages					
Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time <input type="checkbox"/> Retired			Occupation/Job Title		
Employers Name & Address					Phone Y/M
Previous Employer (if less than three years)					Y/M
Partners Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time <input type="checkbox"/> Retired			Occupation/Job Title		Phone Y/M
Employers Name & Address					
Previous Employer (if less than three years)					Y/M
Name of Bank / Building Society / Credit Union & Branch					
Name of Account					
Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other					

FINANCE REFERENCES

Company	Branch	Goods / Type	Date Taken Out	Payment	Current	Finalised
Personal Referee / Address					Phone	
Accountant / Address					Phone	
Name / Address of nearest relative not living with you					Phone	
					R'ship	

LIABILITIES

ASSETS

First Mortgage	\$	Home	\$
Second Mortgage	\$	Furniture	\$
Hire Purchase / Lease	\$	Car/ s	\$
Personal Loans	\$	Bank Accounts	\$
Bank Overdraft	\$	Shares	\$
Credit Card - Limit \$	\$	Superannuation	\$
Other—Details	\$	Other—Details	\$
	\$		\$
	\$		\$
	\$		\$
TOTAL	\$	TOTAL	\$

MONTHLY EXPENSES

MONTHLY INCOME

Mortgage Repayments	\$	Gross Salary / Wage	\$
Rent / Board	\$	Net Salary / Wage	\$
Rates	\$	Partner's Gross Salary / Wage	\$
Medical Insurance	\$	Partner's Net Salary / Wage	\$
Home / Contents Insurance	\$	Centrelink Payments	\$
Life Insurance	\$	Director's Fee	\$
Hire Purchase Repayments	\$	Interest / Dividends	\$
Personal Loan Repayments	\$	Other—Detail	\$
Credit Card Repayments	\$		\$
Living Expenses	\$		\$
Other—Detail	\$		\$
	\$	SUB TOTAL	\$
	\$	Less Total Expenses	\$
TOTAL	\$	SURPLUS	\$

NOTES

AUTHORISATION

- I / We confirm that the information contained in this application relating to my / our personal position is true and correct.
- I / We am / are over the age of 18 years and I / We am / are not undischarged bankrupt.
- I / We hereby authorise you to make any enquiries relating to this application either from the person herein named or otherwise.

Signature & Date	Signature & Date
/ /	/ /