

Credit Application (Company/Trust)



How did you find out about us?

CLIENT DETAILS

Your Structure Company/Trust Name

YOUR CONTACTS

Work Phone Fax Home Phone Mobile Phone Email

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Directors/Proprietors/Partners/Beneficiaries

Full Name Position (Dir/Beneficiary etc) Home Address Years Drivers Lic Exp D.O.B

Full Name	Position (Dir/Beneficiary etc)	Home Address	Years	Drivers Lic	Exp	D.O.B

Business Physical Address

Postal Address

Registered Office

Business Physical Address	Postal Address	Registered Office

ABN:

Industry

Years

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Your Previous Employer: (if current employment is less than 2yrs self employed)

Years

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YOUR ADVISOR (If known)

Accountant

Years

Solicitor

Years

Bank & A/c Type

Years

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Account Tel

Account Fax

Solicitor Tel

Solicitor Fax

Banker Tel

Banker Fax

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Nearest Living relative not living with you.

Name

Address

Ph Number

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REFERENCES

Personal (eg neighbour/friend etc)

Name

Address

Ph Number

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Business (eg employer/business owner etc)

Name

Address

Ph Number

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