

APPLICATION FOR COMMERCIAL FINANCE – \ k8° V@° u@ V



DATE: / /

BORROWER DETAILS

Legal Name of Organisation

ABN ACN/ARBN

Contact Person

Name of CEO Length of Service

) State Trust Yes No

Street Address

Suburb State Postcode

Postal Address
(if different from above)

Email

Phone Mobile

Fax Do you sign with a Common Seal Yes No

PROPERTY DETAILS (please select accordingly)

Own with a mortgage Own Completely Rent Other

Approximate value of Property \$

BRIEF DESCRIPTION OF YOUR BUSINESS

PURPOSE OF LOAN

FINANCE AMOUNT REQUIRED

Commercial Loan \$ Overdraft \$ Equipment Finance \$

EXISTING CREDIT/FINANCE ARRANGEMENTS

Lender	Amount/Limit	Security	Interest Rate	Monthly Payment	Residual (if any)	Refinance Sought

SOLICITOR DETAILS

Name Phone

Address

ACCOUNTANT DETAILS

Name Phone

Address

AUDITOR DETAILS

Name Phone

Address

BACKGROUND OF ORGANISATION

Name of Entity

Commencement Date / / Incorporation Date / /

Founder of Entity

Current CEO Length of Service

Number of Staff

Growth under existing CEO

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Services Offered to the Community

CEO /direction for the Entity

Other relevant details (e.g. currently renting, other security owned)