

CUSTOMER REQUIREMENTS	
Privacy Consent Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Loan: <input type="checkbox"/> Business <input type="checkbox"/> Personal
Maximum Loan Amount: <i>Please ensure that the proposed loan amount is in line with consumer needs.</i>	Maximum Monthly Payment: <i>Please ensure that the proposed repayment amount is in line with consumer needs.</i>
Maximum Term of Loan: <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> 7 Years <i>If the maximum term selected is shorter than the proposed loan term, early termination fees will apply.</i>	
Finance Accessories or Add Ons: <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Identity: <input type="checkbox"/> License <input type="checkbox"/> Other

CUSTOMER INFORMATION		
Title:	First Name:	Middle Name:
Last Name:	Date of Birth:	
Email:		
Mobile Phone:	Other Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Marital Status: <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
Residency Status: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Other	Marketing Opt Out <input type="checkbox"/>	
Driver's Licence #:	Driver's Licence State:	Expiration Date:

CUSTOMER ADDRESS (If time at address is less than 2 years, please provide previous address)		
Primary Address:	Suburb:	
State:	Postcode:	Primary Address Start Date:
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other		
Previous Address:	Suburb:	
State:	Postcode:	Previous Address Start Date:
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other		

EMPLOYMENT DETAILS (If time at employment is less than 2 years, please provide previous employment)		
Employer Name:		
Address:	Suburb:	
State:	Postcode:	Industry:
Occupation Type: <input type="checkbox"/> Benefit <input type="checkbox"/> Office Staff <input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Clerical <input type="checkbox"/> Executive <input type="checkbox"/> Unskilled <input type="checkbox"/> Other		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Benefit <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other		
Tenure (in months):	Gross Income:	Employer Phone: e.g. 0732123494
Previous Employer Name:	Tenure (in months):	
Occupation Type: <input type="checkbox"/> Benefit <input type="checkbox"/> Office Staff <input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Clerical <input type="checkbox"/> Executive <input type="checkbox"/> Unskilled <input type="checkbox"/> Other		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Benefit <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other		

NEXT OF KIN (Cannot live at same address as Borrower)		
Name:	Relation:	Phone Number:
Address:		
Suburb:	State:	Postcode:
Email:		

QUOTE INFORMATION	
Asset Class: <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Engines / Generators / Power Equipment <input type="checkbox"/> Marine <input type="checkbox"/> Motorcycle <input type="checkbox"/> Passenger / Recreational Vehicle	
Contract Term: <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> 72 Months <input type="checkbox"/> 84 Months	
New / Used: <input type="checkbox"/> New <input type="checkbox"/> Used < 5 Years <input type="checkbox"/> Used > 5 Years	

If there is a co-borrower / guarantor please complete the section below.

Co-Borrower

Guarantor

RELATED PARTY (CO-BORROWER/GUARANTOR) INFORMATION

Title:	First Name:	Middle Name:
Last Name:	Date of Birth:	
Email:		
Mobile Phone:	Other Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Marital Status:	<input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Residency Status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Other	Marketing Opt Out <input type="checkbox"/>
Driver's License #:	Driver's License State:	Expiration Date:

RELATED PARTY (CO-BORROWER/GUARANTOR) ADDRESS

(If time at address is less than 2 years, please provide previous address)

Primary Address:	Suburb:
State:	Postcode:
Primary Address Start Date:	
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other	
Previous Address:	Suburb:
State:	Postcode:
Previous Address Start Date:	
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other	

RELATED PARTY (CO-BORROWER/GUARANTOR) EMPLOYMENT DETAILS

(If time at employment is less than 2 years, please provide previous employment)

Employer Name:						
Address:						
Suburb:						
State:	Postcode:	Industry:				
Occupation Type:	<input type="checkbox"/> Benefit <input type="checkbox"/> Office Staff <input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed					
	<input type="checkbox"/> Clerical <input type="checkbox"/> Executive <input type="checkbox"/> Unskilled <input type="checkbox"/> Other					
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Benefit <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Part Time <input type="checkbox"/> Retired					
	<input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other					
Tenure (in months):	Gross Income:	Employer Phone: e.g. 0732123494				
Previous Employer Name:	Tenure (in months):					
Occupation Type:	<input type="checkbox"/> Benefit <input type="checkbox"/> Office Staff <input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed					
	<input type="checkbox"/> Clerical <input type="checkbox"/> Executive <input type="checkbox"/> Unskilled <input type="checkbox"/> Other					
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Benefit <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Part Time <input type="checkbox"/> Retired					
	<input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other					

RELATED PARTY (CO-BORROWER/GUARANTOR) NEXT OF KIN

(Cannot live at same address as Borrower/Co-Borrower/Guarantor)

Name:	Relation:	Phone Number:
Address:		
Suburb:	State:	Postcode:
Email:		

FINANCIALS – PRIMARY APPLICANT (The Household expenses relate to the full expenses of the household.)

INCOME	HOUSEHOLD EXPENSES	OTHER COMMITMENTS	
Annual Income:	Food and Drink:	Monthly Mortgage/Rent Household: Applicant Portion:	Monthly Payments for Other Loans:
Annual Investment Property Income:	Transportation, Fuel and Utilities:	Total Credit Card Limit:	Other Loan Details:
Annual Other Taxable Income:	Clothing/Footwear, Medical, Phone/Internet:	Credit Card Details:	Monthly Payments for Investment Property Loans:
Annual Family Tax Benefit (FTB):	Discretionary – Recreation/ Alcohol:	Monthly Car Payments:	Investment Property Loan Details:
Annual Other Non Taxable Income:		Car Payment Details:	
<input type="checkbox"/> Single	<input type="checkbox"/> Couple	Number of dependants:	Postcode:
Do you foresee any changes to your personal or financial situation during the loan term that would impact on your ability to make repayments? For example, are you about to reduce your work hours to embark on some further study? If so, please provide details:			<input type="checkbox"/> Check box if customer foresees change

FINANCIALS – CO-BORROWER/GUARANTOR – IF APPLICABLE

(Fill these out for any expenses NOT already noted in the Primary Applicant e.g. personal loan.)

<input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor	Does the Co-Borrower live at a different address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
INCOME	HOUSEHOLD EXPENSES	OTHER COMMITMENTS	
Annual Income:	Food and Drink:	Monthly Mortgage/Rent Household: Applicant Portion:	Monthly Payments for Other Loans:
Annual Investment Property Income:	Transportation, Fuel and Utilities:	Total Credit Card Limit:	Other Loan Details:
Annual Other Taxable Income:	Clothing/Footwear, Medical, Phone/Internet:	Credit Card Details:	Monthly Payments for Investment Property Loans:
Annual Family Tax Benefit (FTB):	Discretionary – Recreation/ Alcohol:	Monthly Car Payments:	Investment Property Loan Details:
Annual Other Non Taxable Income:		Car Payment Details:	
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other			
Number of Dependants:			

PAYMENT METHOD

Set up Direct Debit (bank details below) <input type="checkbox"/> Customer will set up own BPAY payments <input type="checkbox"/>	
Name of Financial Institution:	
BSB Number:	Account Number:
Account Name:	

DECLARATION

By signing the declaration below, you declare that everything you have disclosed in this Consumer Loan Application Form is true, up-to-date and not misleading.	
Primary Customer's Signature:	Related Party's Signature:
Date:	Date:

EQUIPMENT DESCRIPTION - ASSET #1 - TO BE COMPLETED BY THE DEALER**DETAILS**

Make:	Model:	Variant:	Full Description:
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<input type="checkbox"/> New <input type="checkbox"/> Used	VIN/Serial Number:
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Engine number:	Registration Number:
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COSTS

Net Asset Cost:	Non-GST Costs:	Deposit/Trade In:	Payout:
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INSURANCES

Gap Insurance:	Extended Insurance:	CCI Insurance:
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Tyre & Rim Insurance:	Fire & Theft Insurance:	Comprehensive Insurance:
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ACCESSORIES

Description:	Serial number:	List Price:
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EQUIPMENT DESCRIPTION - ASSET #2**DETAILS**

Make:	Model:	Variant:	Full Description:
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<input type="checkbox"/> New <input type="checkbox"/> Used	VIN/Serial Number:
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Engine number:	Registration Number:
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COSTS

Net Asset Cost:	Non-GST Costs:	Deposit/Trade In:	Payout:
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INSURANCES

Gap Insurance:	Extended Insurance:	CCI Insurance:
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Tyre & Rim Insurance:	Fire & Theft Insurance:	Comprehensive Insurance:
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ACCESSORIES

Description:	Serial number:	List Price:
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INSURANCES

POLICY 1	Policy Number:	Policy Status: <input type="checkbox"/> Active <input type="checkbox"/> Non-Financed
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Insurance Type:	<input type="checkbox"/> Gap <input type="checkbox"/> Extended Warranty <input type="checkbox"/> CCI <input type="checkbox"/> Tyre & Rim <input type="checkbox"/> Fire & Theft <input type="checkbox"/> Comprehensive
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Insurer:	Premium Amount:	Expiration Date:
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Term of Insurance:	Effective Date:	Commission Payable: <input type="checkbox"/> Yes <input type="checkbox"/> No
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POLICY 2	Policy Number:	Policy Status: <input type="checkbox"/> Active <input type="checkbox"/> Non-Financed
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Insurance Type:	<input type="checkbox"/> Gap <input type="checkbox"/> Extended Warranty <input type="checkbox"/> CCI <input type="checkbox"/> Tyre & Rim <input type="checkbox"/> Fire & Theft <input type="checkbox"/> Comprehensive
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Insurer:	Premium Amount:	Expiration Date:
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POLICY 3	Policy Number:	Policy Status: <input type="checkbox"/> Active <input type="checkbox"/> Non-Financed
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Insurance Type:	<input type="checkbox"/> Gap <input type="checkbox"/> Extended Warranty <input type="checkbox"/> CCI <input type="checkbox"/> Tyre & Rim <input type="checkbox"/> Fire & Theft <input type="checkbox"/> Comprehensive
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Insurer:	Premium Amount:	Expiration Date:
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