



Supporting you financially

Commercial Application

T: (02) 4323 1975
F: (02) 4323 2781
E: lobrien@bridgecoastfinance.com.au

Applicant

Applicant: Contact:

Bus Address: Period years:

Phone (B/H): Fax: Mobile:

E-Mail: ACN: ABN:

Bus Type: Period years:

Directors / Guarantors / Individual

#1 Name:

Address: Period years:

If at current address for less than 3 years

Previous Address: Period years:

Residential Status: Marital Status: No. of Dependants:

DOB: Licence #: Lic Expiry:

Phone (A/H): (B/H): Mobile:

Current Employment

Employer: Occupation:

Employer Address:

Phone: Time Employed: Net Income:

If at current for less than 3 years

Employer: Occupation:

Employer Address:

Phone: Time Employed: Net Income:

Directors / Guarantors / Individual

#2 Name:

Address: Period years:

If at current address for less than 3 years

Previous Address: Period years:

Residential Status: Marital Status: No. of Dependants:

DOB: Licence #: Lic Expiry:

Phone (A/H): (B/H): Mobile:

Current Employment

Employer: Occupation:

Employer Address:

Phone: Time Employed: Net Income:

If at current for less than 3 Years

Employer: Occupation:

Employer Address:

Phone: Time Employed: Net Income:

Bank

Bank: Branch:

Accountant

Firm:

Address:

Contact: Phone: Fax:

E-mail: Mobile:

Credit References / History

Company:	Account Number:	Monthly Payment:	Current or Completed:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade References

Company:	Contact:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle Details

New / Used: Year: Replacement / Additional:

Description:

(Make/Model):

Options: KMS if used:

Cost Price \$: Deposit/Trade \$: Amt. Fin. \$:

Trade Details

Description:

Amount \$: Payout \$: Equity \$: Financier:

Supplier

Name:

Address:

Contact: Phone: Fax:



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Statement Of Assets & Liabilities – Company / Directors / Individuals

Liabilities

OD Limit \$:

Credit Cards Limits \$:

Accounts Payable:

Mortgages/Loans:

Other Loans:

Motor Vehicle Loans:

Total Liabilities:

Assets

Cash at Bank:

Receivables:

Private Residence:

Other Properties:

Equipment / other assets:

Motor Vehicles:

Household / Personal:

Superannuation:

Total Assets:

Less Liabilities:

NET WORTH: