



Supporting you financially

# Consumer Application

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

## Applicant 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:

Mortgagor/Landlord:  Phone:  Payment:

Mortgagor/Landlord Address:

## 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:

## Applicant 2 / Co-borrower

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:

Mortgagor/Landlord:  Phone:  Payment:

Mortgagor/Landlord Address:

## 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:

## Personal References

Name:   
Address:   
Phone:

## Credit References / History

Company:	Account Number:	Monthly Payment:	Current or Completed:
<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"/>
<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:



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## Supplier

Name:

Address:

Contact:  Phone:  Fax:

## Statement Of Assets & Liabilities – Company / Directors / Individuals

### Liabilities

Credit Cards Limits \$:

Mortgages/Loans:

Motor Vehicle Loans:

Other Loans:

Taxation Due:

Total Liabilities:

### Assets

Cash at Bank:

Private Residence:

Other Properties:

Motor Vehicles:

Household / Personal:

Superannuation:

Total Assets:

Less Liabilities:

NET WORTH: