

Gilrose Finance Company Limited

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 P O Box 303018, North Harbour, Auckland
 Telephone: (09) 478-7790 Fax: (09) 478-1456
 Toll Free: 0508 445 767

BUSINESS APPLICATION FOR CREDIT

Dealer Name

Telephone:

Facsimile:

COMPLETE FORM IN BLOCK LETTERS	
DESCRIPTION OF GOODS:	VALUE OF GOODS: (Incl. GST) \$
	DEPOSIT: \$
	TERM: 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> MONTHS
	PAYMENT FREQUENCY: <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY
	TYPE OF LOAN: HIRE PURCHASE <input type="checkbox"/> RENTAL <input type="checkbox"/>

COMPANY DETAILS (Personal Application(s) also required for Shareholder/Directors of companies incorporated after 2000.)

FULL NAMES:	HOW LONG TRADING:
TRADING NAME:	
ADDRESS:	
POSTAL ADDRESS:	
TELEPHONE NO:	FAX NO: BANKERS:
SOLICITORS:	PHONE:
ACCOUNTANT:	PHONE:
PARTNER/SHAREHOLDER DETAILS	DATE OF BIRTH RESIDENTIAL ADDRESS:
FULL NAME:	/ /
FULL NAME:	/ /
FULL NAME:	/ /

TRADE REFERENCES

(1) NAME:	PHONE:
(2) NAME:	PHONE:

PARTNER/SHAREHOLDER/DIRECTOR – Your Financial Details: (\$ Approximations)

YOUR ASSETS:		YOUR LIABILITIES:	
YOUR HOME: \$		1ST MORTGAGE: \$	
LISTED PUBLIC SHARES: \$		OTHER MORTGAGE: \$	
MOTOR VEHICLE(S): \$		CAR LOAN: \$	
OTHER PROPERTY: \$		HIRE PURCHASE(S): \$	
OTHER INVESTMENTS: \$		CREDIT CARD LIMITS: \$	
TOTAL ASSETS: \$		TOTAL LIABILITIES: \$	

YOUR ADDRESS:	TIME THERE:
HOME TELEPHONE:	MARITAL STATUS: MARRIED / SINGLE / DIVORCED / SEPERATED / WIDOWED

PERSONAL ID:

Personal ID sighted by (STAFF MEMBER PLEASE PRINT NAME):

Driver's Licence Number:	Amex, Diners, Bankcard, MasterCard, Visa Number:
Passport Number:	Other:
Motor Vehicle Model:	Year: Registration Number:

PRIVACY ACT:

I/We hereby authorise any person or company to provide you or the Finance Company named above with such information as you may require in response to your enquiries associated with this application. I/We also further authorise you to furnish to any third party or parties details of this application and any subsequent dealings that I/we may have with you as a result of this application being actioned by you. I/We hereby declare that the information provided is true and correct and that I/we are not an undischarged bankrupt. I/We agree that the financier may nominate the insurer at its discretion.

SIGNATURE:	DATE:
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