



APPLICATION FORM

Applicant Name: _____
Contact Name: _____ Telephone: _____
Address: _____

ACN/ABN: _____ Bankers Name: _____
Nature of Business: _____ Year Established: _____
Accountant Name: _____
Accountant Contact: _____ Telephone: _____

DETAILS OF INDIVIDUAL / PARTNER / DIRECTOR / GUARANTOR:

Full Name: _____
License No: _____ Expiry: ____/____/____ D.O.B: ____/____/____
Home Address: _____
Full Name: _____
License No: _____ Expiry: ____/____/____ D.O.B: ____/____/____
Home Address: _____
Full Name: _____
License No: _____ Expiry: ____/____/____ D.O.B: ____/____/____
Home Address: _____

TRADE/CREDIT REFERENCES:

1. Business Name: _____ Telephone: _____
2. Business Name: _____ Telephone: _____
3. Business Name: _____ Telephone: _____

SUPPLIER DETAILS

Supplier Contact: _____ Telephone: _____
Description of Goods: _____
Cost of Goods: _____ Does this amount include GST? Yes No
Term (months): _____ Res. Value (%): _____

Please check this box to indicate that you have signed and faxed the Privacy Act Form to Money Resources