

# ASSETS & LIABILITIES FORM

FULL NAMES				
LIABILITIES			ASSETS	
DETAILS	PAYMENTS	OWING	DETAILS	VALUE
<b>MORTGAGES / LOANS</b>			<b>REALESTATE ASSETS</b>	
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
<b>OTHER LIABILITIES</b>			<b>MONEY / SHARES / OTHER</b>	
	\$	\$		\$
	\$	\$	<b>MOTOR VEHICLES</b>	
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$	<b>EQUIPMENT / OTHER ASSETS</b>	
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
<b>BUSINESS DEBT</b>	\$		<b>BUSINESS VALUE</b>	\$
<b>TOTAL LIABILITIES</b>	\$		<b>TOTAL ASSETS</b>	\$
			<b>LESS TOTAL LIABILITIES</b>	\$
			<b>NET VALUE</b>	\$

I/WE Warrant that the information provided in this document is **TRUE** and **CORRECT** to the best my/our knowledge... By Signing this document, we declare that the information if found to not be correct my result in our application being withdrawn by the funder

APPLICANT / DIRECTOR / GUARANTOR (1) FULL NAME:		APPLICANT / DIRECTOR / GUARANTOR (2) FULL NAME:	
<b>SIGN HERE</b>	X	<b>SIGN HERE</b>	X
<b>PRINT NAME</b>		<b>PRINT NAME</b>	
<b>DATE</b>	/ /	<b>DATE</b>	/ /

**THIS APPLICATION FORM DOES NOT CONSTITUTE A CONTRACT. EQUIPFUND WILL CONTACT YOU TO DISCUSS THIS FACILITY.**

<b>DOCUMENT RETURN</b>	<b>IN PERSON</b>	15/42 Bundall Road, Bundall, QLD, 4217	<b>BY FAX</b>	1300 724 226
	<b>BY POST</b>	PO BOX 26, LABRADOR, QLD 4215	<b>BY EMAIL</b>	applications@equipfund.com.au

