

EQUIPMENT FINANCE

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Equipfund

ENQUIRY FORM

1800 378 473

1. CORPORATE DETAILS		COMPANY		TRUST		PARTNERSHIP		SOLE TRADER	
CORPORATE NAME				ABN/ACN/NZBN					
TRUST NAME				TRADING AS					
GOODS ADDRESS				CONTACT NAME					
PHONE NUMBER		MOBILE		FAX					
EMAIL ADDRESS				WEBSITE ADDRESS		WWW.			
NUMBER OF DIRECTORS				TIME CORPORATE ENTITY HAS BEEN ESTABLISHED		YEARS		MONTHS	
ACCOUNTANT DETAILS					BANKING DETAILS				
FIRM NAME				BANK					
CONTACT NAME				BRANCH					
ADDRESS				BSB					
PHONE				ACCOUNT NO					
EMAIL ADDRESS				IS THE BUSINESS REGISTERED FOR GST		YES		NO	

2. INDIVIDUALS / GUARANTORS / DIRECTORS DETAILS				
1) INDIVIDUAL NAME				
CURRENT ADDRESS				
TIME AT ADDRESS		YEARS		MONTHS
PREVIOUS ADDRESS				
PHONE / MOBILE			/	
EMAIL ADDRESS				
DATE OF BIRTH		D/L NUMBER		
D/L EXPIRY		INCOME P.A.	\$	
OWN PROPERTY OR HAVE A MORTGAGE?		YES		NO
ESTIMATED VALUE	\$	ESTIMATED DEBT	\$	
2) INDIVIDUAL NAME				
CURRENT ADDRESS				
TIME AT ADDRESS		YEARS		MONTHS
PREVIOUS ADDRESS				
PHONE / MOBILE			/	
EMAIL ADDRESS				
DATE OF BIRTH		D/L NUMBER		
D/L EXPIRY		INCOME P.A.	\$	
OWN PROPERTY OR HAVE A MORTGAGE?		YES		NO
ESTIMATED VALUE	\$	ESTIMATED DEBT	\$	

3. FINANCE REFERENCE / PERSONAL REFERENCE				
	ORGANISATION NAME	CONTACT NAME	PHONE	EMAIL
FINANCE REFERENCE				
PERSONAL REFERENCE				

4. FINANCE DETAILS				
NEW EQUIPMENT		USED EQUIPMENT		EQUIPMENT PRICE
ASSET DESCRIPTION				\$ INCL. GST
FINANCE PRODUCT	OPERATING LEASE / RENTAL		FINANCE LEASE	CHATTEL MORTGAGE
FINANCE TERM	12 MONTHS	24 MONTHS	36 MONTHS	48 MONTHS
				60 MONTHS
PLEASE SUPPLY THE BELOW LISTED SUPPORTING DOCUMENTS WITH YOUR APPLICATION				
SUPPLIER QUOTE(S)	DRIVER'S LICENSE	RATES NOTICE	TRUST DEED	PROFT & LOSS
				BALANCE SHEET

PRIVACY ACT DECLARATION AND AUTHORISATION TO RELEASE FINANCIAL INFORMATION:
 I/we hereby certify that the information provided is true. Under the privacy act 1988, I/we authorize Lantern Finance Pty Ltd T/as EquipFund ABN 70 120 582 701 (EF) or their AUTHORISED REPRESENTATIVE FUNDING PARTNER to collect and provide to credit reporting agencies personal information and to seek consumer credit reference reports to assess this application. You authorise the Recipients to give and obtain from other credit providers information about your credit worthiness, credit standing, credit history or credit capacity. I/we acknowledge that the credit applied for may be provided by another credit provider and in such cases 'EF' may disclose personal information to such credit providers for the purposes of assessing this application. If you would like to know more about the personal information which the Recipients hold about you or the Recipients handling of personal information about you, please contact EquipFund on 1800 378 473. By Signing the below, I / we declare that we are not aware of any know Credit File Defaults, Judgment listings and that we are not presently or have not been in the past been declared bankrupt and our past nor present business / Company has not had a Receiver or Manager appointed

<i>Renter / Guarantor Signature (1):</i>		<i>Renter / Guarantor Signature (2):</i>	
SIGNED	X	SIGNED	X
PRINT NAME		PRINT NAME	
DATE		DATE	

This application form does not constitute a contract. EquipFund will contact you to discuss this facility.

METHOD OF RETURN

IN PERSON 15/42 Bundall Road, Bundall, QLD, 4217
 BY POST PO BOX 26, LABRADOR, QLD 4215

BY FAX 1300 724 226
 BY EMAIL applications@equipfund.com.au

