

VENDOR / SUPPLIER ACCREDITATION FORM

1800 378 473

Thank you for your interest and consideration of Equipfund as your Commercial Funding Facilitator for customers seeking to acquire your products and services with the support of Equipment Finance. In order for our Credit Teams to understand more about your business, please can you complete the below Vendor / Supplier Accreditation form and return it to either the BDM whom you have met with, or simply email it to applications@equipfund.com.au so that we may get you registered with all of our associated funders. Once Approved, you will receive a welcome email that will include a Certificate of Origination from EquipFund, Identifying your Company / Business as one of their Registered Supply Partners. **All Information in this document is kept strictly confidential at all times unless notified and not distributed to any 3rd party without prior written consent**

ABOUT THE VENDOR...		<input type="checkbox"/>	COMPANY	<input type="checkbox"/>	TRUST	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	SOLE TRADER	<input type="checkbox"/>	OTHER
CORPORATE NAME						ABN / ACN / NZBN					
TRUST NAME						TRADING NAME					
TRADING ADDRESS						STATE		POST CODE			
PHONE / MOBILE			FAX			INDUSTRY					
PRIMARY EMAIL						WEBSITE ADDRESS					
PLEASE DESCRIBE THE PRODUCT & SERVICES YOU SELL											

COUNTRIES / REGIONS YOU SELL OR DISTRIBUTE YOUR PRODUCTS?											
<input type="checkbox"/>	AUSTRALIA	<input type="checkbox"/>	NEW ZEALAND	<input type="checkbox"/>	USA	<input type="checkbox"/>	UK	<input type="checkbox"/>	OTHER	COUNTRY NAMES	

KEY PERSONNEL DETAILS...					
KEY CONTACT NAME		PHONE		EMAIL	
ALTERNATE PERSON		PHONE		EMAIL	
DIRECTOR (1) NAME		PHONE		EMAIL	
DIRECTOR (2) NAME		PHONE		EMAIL	

COMPANY BANKING DETAILS... (PLEASE PROVIDE A DEPOSIT SLIP OR COPY OF A CURRENT BANK STATEMENT TO VERIFY THESE DETAILS)					
BANK		BRANCH ADDRESS			
ACCOUNT NAME		BSB		ACCOUNT NO.	

FINANCE EXPERIENCE TO DATE...								
Do you currently or have you offered finance products to assist in the sale of your products and services					<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If you answered YES...	NO OF TRANSACTION A WEEK		AVERAGE TRANSACTION VALUE		\$			

PRIVACY ACT DECLARATION AND AUTHORISATION TO RELEASE FINANCIAL INFORMATION:					
<p>I / We, the undersigned, hereby warrant that the information that we have provided is true and correct to the best of our knowledge and understand that any misleading or false information may result in our funding facility being delayed or declined. I/WE Under the privacy act 1988, authorise Lantern Finance Pty Ltd T/as EquipFund ABN 70 120 582 701 (EF) or their AUTHORIZED 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</p>					
DIRECTOR (1) SIGNATURE	X	DIRECTOR (2) SIGNATURE		X	
PRINT NAME		PRINT NAME			
DATE		DATE			

Please return the complete form along with the following supporting document(s)			
NO.	SUPPORTING DOCUMENT DESCRIPTION	YES	NO
1.	Clear Copy of Proprietor / Director's ID (Driver's License – Front & Back) Best by taking photo on Camera Phone...	<input type="checkbox"/>	<input type="checkbox"/>
2.	Copy of Company Bank Deposit Slip / Top of Company Bank Statement (To Validate all Current & Future Invoices)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Copy of Tax Invoice	<input type="checkbox"/>	<input type="checkbox"/>

