

(Office Use)

App No: _____

Application For Business Finance



Fax 0800 365 268

Applicant details

CompanyNo. (if applicable) _____

Full Legal Name (Business) _____

Trading as _____

Trading Address _____

Postal Address _____

Ph (Not Freephone) (0) _____ Fax (0) _____

Mobile (0) _____ Email _____

Authorising Officer _____ Position Held _____

Contact Person _____ Ph (0) _____ Fax (0) _____ Email _____

Accountant Name _____ Ph (0) _____

Business Type

LTD Inc Soc Trust Sole Trader Partnership Govt Entity

Nature of Business _____

Years in Current Business (principal) _____

Total Years in Industry (principal) _____ No. of Employees _____

Principal Shareholders/Partners

Privacy Act Acknowledged Initial _____

Full Name _____ Full Address _____

Home Owner Yes No Ph (landline) (0) _____ Email _____ DoB

Privacy Act Acknowledged Initial _____

Full Name _____ Full Address _____

Home Owner Yes No Ph (landline) (0) _____ Email _____ DoB

Privacy Act Acknowledged Initial _____

Full Name _____ Full Address _____

Home Owner Yes No Ph (landline) (0) _____ Email _____ DoB

Loan Details

Loan Type: Rental Business Loan

Purpose of Loan _____

Purchase Price (GST ex) \$ RENTAL ONLY

Loan Amount \$ BUSINESS LOAN ONLY

Acceptance Fee (office use only) \$

Term (mths)

Deferral Period (mths)

Interest Rate (office use only) %

Payment Protection Insurance Yes No

Please refer to appropriate policy booklet(s) provided for all the information you require.

Product Code (office use only)

Payment Method

Direct Debit Other _____ (must specify) Pref. Pay Day _____

Bank Name _____ Branch _____

Acc No.

Declaration

I have read, fully understood and agree with the Privacy Acknowledgement and further declarations on this form and I am a NZ resident.
1. I declare that the credit applied for is to be used primarily for business and therefore will not be bound by the Credit Contracts and Consumer Finance Act 2003. If deemed necessary I will seek independent legal and or accounting advice and confirm that I have read and understood this declaration.
2. I certify as or on behalf of the Customer that the above information is true and correct and that I have obtained the consent of the directors, for Finance Now Limited to conduct any checks as detailed in the Privacy Section below.

Name _____ Name _____

Signature _____ Date _____ Signature _____ Date _____

Privacy Acknowledgement

The Privacy Act 1993
"CUSTOMER" includes any Guarantor and/or any owner, Director, shareholder, partner or operator of the Customer of Guarantor
"RELATED COMPANY" means any company related to Finance Now Ltd (FNL) (or the Customer as the case may be) in terms of Section 2(#) of the Companies Act 1993
1. FNL may from time to time undertake credit assessments and otherwise obtain, verify and exchange information (e.g. credit reports) concerning the Customer with third parties.
2. If the Customer is an individual any information it may provide to FNL or any existing information held by FNL or a Related Company will be used for the following purposes:
(a) assessing the Customer's credit worthiness;
(b) administering and enforcing any Agreement;
(c) maintaining credit records with FNL, Related Companies and external agencies;
(d) marketing goods and services provided by FNL, a Related Company or any other supplier nominated by FNL
3. The Customer authorises FNL to:
(a) obtain information about the Customer from other sources as FNL reasonably requires
(b) retain and use information about the Customer and provide this information to Related Companies and external agencies for the purposes listed above
All such information will be held by FNL at its business address and by other parties for the purposes described above. Where the information can be readily retrieved the Customer will have full access to it and will have the right to have the information corrected. Subject to the Privacy Act 1993 a fee for retrieval and correction may be charged.

Customer Number Retailer Number Retailer Salesperson

Current Financial Statement

Position

Total Assets \$ _____
Total Liabilities -\$ _____
Equity \$ _____

Performance

Monthly Revenue \$ _____
Monthly Expenses -\$ _____
Monthly Surplus \$ _____

I certify as or on behalf of the applicant that the above information is true and correct.

Date _____

Name _____

Signature _____