



## COMMERCIAL APPLICATION FOR FINANCE FORM

Please tick appropriate boxes and complete all sections in full. An incomplete Application could cause delays in processing.

**Individual / Sole Trader or Partnership**

|                                |            |                      |        |
|--------------------------------|------------|----------------------|--------|
| Trading Name:                  |            | ABN:                 |        |
| Business Address:              |            | Post Code:           |        |
| Telephone: Business:           | Facsimile: | Mobile:              |        |
| Occupation / Industry:         |            | Years Established:   | Email: |
| Gross Income Last Fin. Year \$ | Profit \$  | Number of Employees: |        |

(List all partners here)

|               |              |                |                 |
|---------------|--------------|----------------|-----------------|
| (A1) Surname: | Given Names: | Date of Birth: | D/L No.         |
| Home Address: |              | Post Code:     | Telephone Home: |
| (A2) Surname: | Given Names: | Date of Birth: | D/L No.         |
| Home Address: |              | Post Code:     | Telephone Home: |

**Company**

|                                |            |                      |  |
|--------------------------------|------------|----------------------|--|
| Company Name:                  |            | ACN/ABN:             |  |
| Business Address:              |            | Postcode:            |  |
| Telephone: Business:           | Facsimile: | Mobile:              |  |
| Industry:                      |            | Years Established:   |  |
| Gross Income Last Fin. Year \$ | Profit \$  | Number of Employees: |  |

|                               |                |                            |
|-------------------------------|----------------|----------------------------|
| (D1) Director (name in full): | Date of Birth: | D/L No.                    |
| Home Address:                 |                | Post Code: Telephone Home: |
| (D2) Director (name in full): | Date of Birth: | D/L No.                    |
| Home Address:                 |                | Post Code: Telephone Home: |
| (D3) Director (name in full): | Date of Birth: | D/L No.                    |
| Home Address:                 |                | Post Code: Telephone Home: |

**All this Section below is Compulsory**

|   |          |                                   |                                    |
|---|----------|-----------------------------------|------------------------------------|
| Bank:   | Branch:  | X <input type="checkbox"/> Cheque | X <input type="checkbox"/> Savings |
| Accountant:   | Contact: | Telephone:                        |                                    |
| Authority to contact Accountant: <input type="checkbox"/> Yes <input type="checkbox"/> No |          | Signed: _____ Dated:              |                                    |

**Trade References**

|           |          |            |                       |
|-----------|----------|------------|-----------------------|
| Supplier: | Contact: | Telephone: | Av. Mth Purchases \$: |
| Supplier: | Contact: | Telephone: | Av. Mth Purchases \$: |
| Supplier: | Contact: | Telephone: | Av. Mth Purchases \$: |

**Proposal**

|   |                                  |                |
|---|----------------------------------|----------------|
| Lease: <input type="checkbox"/> Residual \$ | Rental: <input type="checkbox"/> | Term (Months): |
| Equipment                                   | Cost Price \$                    | Inc. of GST    |
| Supplier Contact Name & Telephone:          |                                  |                |
| Broker/Introducer Contact Name & Telephone: |                                  |                |

Please fax completed form to: 02 8212 5888 or Email to: [credit@relionfinance.com.au](mailto:credit@relionfinance.com.au)



**Personal Statement of Assets & Liabilities**  
 (To be completed by each Director/Guarantor)

| LIABILITIES   | \$ Amount Owed | \$ Repayments per Month | ASSETS   | \$ Value |
|---|----------------|-------------------------|--|----------|
| Mortgage Loans (1)  |                |                         | Land & Buildings (1)                           |          |
| Mortgagee: _____  |                |                         | Address of Property: _____                     |          |
| Mortgage Loans (2)  |                |                         | Land & Buildings (2)                           |          |
| Mortgagee: _____  |                |                         | Address of Property: _____                     |          |
| Mortgage Loans (3)  |                |                         | Land & Buildings (3)                           |          |
| Mortgagee: _____  |                |                         | Address of Property: _____                     |          |
| Other Loans (Please detail)   |                |                         | Motor Vehicles (Please list year, make, model) |          |
|   |                |                         |  |          |
| Bank Overdraft  | Limit/s        |                         | Plant & Equipment                              |          |
| How secured: _____  |                |                         | Furniture & Fittings                           |          |
| Stock & Trade Accounts  |                |                         | Cash on hand                                   |          |
| Credit Card/s   | Limit/s        |                         | Sundry Debtors                                 |          |
| Other Liabilities (Please detail)   |                |                         | Other Assets & Investments (Please detail)     |          |
|   |                |                         |  |          |
| <b>TOTAL LIABILITIES \$</b>   |                |                         | <b>TOTAL ASSETS \$</b>                         |          |
| Have you had any legal proceedings taken against you for debt, been bankrupt, insolvent or assigned your estate for the benefit of your creditors? <input type="checkbox"/> YES <input type="checkbox"/> NO |                |                         | <b>LESS TOTAL LIABILITIES \$</b>               |          |
| If Yes, please provide details:   |                |                         | <b>NET ASSETS \$</b>                           |          |

**Privacy Declaration and Authorisation to Release Information**

I/we (being the Lessee/s) hereby certify that the information that has been provided is wholly true and not misleading. Pursuant to the Privacy Act 1988 (Cth), I/we authorise and consent RELION ABN 88 003 966 287 collecting from and providing to credit reporting agencies personal information (being consumer credit information and any other relevant information about me/us), and to seek and obtain consumer credit references/reports to allow RELION to assess my/our application, manage my/our account, recover any money that I/we owe, and/or finance another product (currently or in the future) to me/us. I/we also acknowledge that the credit/commercial credit applied for may be provided by another credit provider. I/we acknowledge and authorise that in such cases, RELION may disclose my/our personal information to such credit provider for the purposes of assessing my/our application, including information about my/our consumer or commercial credit worthiness or financial capacity. I/we acknowledge and authorise you to disclose my/our personal information to others who perform a function or service for, or related to the purposes you collect, use or disclose the information, including agents. These may include introducers, debt collection agents, valuers, solicitors or accountants, and funders. You may also seek information from government authorities or others to enable you to identify me/us and verify information I/we have provided. This may be to locate me or us or the assets. It may include searches of electoral rolls, land titles, business names or ASIC, bankruptcies and court judgments and telephone numbers. I/we acknowledge that if we fail to provide sufficient personal information, my/our application may not be able to proceed. I/we acknowledge that I/we may access my/our personal information by contacting RELION on 1300 21 22 23. I/we further authorise our accountant or financial officer to provide RELION such information, if any, which RELION may require in relation to our financial position including copies of our financial statements for the purposes of assessing this application. I/we also authorise you to collect personal information about me/us from my/our introducer, legal advisers, and referees.

|                              |                              |
|------------------------------|------------------------------|
| Signature: _____ Date: _____ | Signature: _____ Date: _____ |
| Print Name: _____            | Print Name: _____            |
| Email: _____                 | Email: _____                 |
| Witness: _____ Date: _____   | Witness: _____ Date: _____   |
| Print Name: _____            | Print Name: _____            |

Please fax completed form to: 02 8212 5888 or Email to: [credit@relionfinance.com.au](mailto:credit@relionfinance.com.au)