



Melbourne: Tel: 1300 921 883
Sydney: Tel: 02 9476 1759
Address: 325 Flinders Lane Melbourne VIC 3000
Website: www.broadwayleasing.com.au
ABN: 74 152 512 546

Checklist

- Application Form Completed and Signed
- 100 Points of Identification:
(Passport, Medicare Card, Drivers Licence)
- Is your ABN registered for 2 years?
- Are you registered for GST?
- Copy of the invoice for the Goods
- Your 4 most recent BAS statements



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APPLICATION

Supplier:	<input type="text"/>	Introducer:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
Fax:	<input type="text"/>	Fax:	<input type="text"/>

DESCRIPTION OF GOODS

SERIAL NUMBER

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

COST OF GOODS

Price (excludes GST)	<input type="text"/>	Product:	<input type="text"/>
Brokerage (excludes GST)	<input type="text"/>	Term:	<input type="text"/>
Total:	<input type="text"/>	Residual:	<input type="text"/>

APPLICANT DETAILS:

BUSINESS/COMPANY DETAILS

Business/Company:	<input type="text"/>	ACN:	<input type="text"/>
Business Address:	<input type="text"/>	ABN:	<input type="text"/>
Principal Activity:	<input type="text"/>	GST Registered:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Established:	<input type="text"/>		
Postal Address:	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/>
Net Income:	<input type="text"/>	P/Code	<input type="text"/>

REFERENCES:

Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>

APPLICANT 1 PERSONAL DETAILS:

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

Surname:

Given names:

Date of birth: Sex: Male ☐ Female ☐

Marital status: Single ☐ Married ☐ De facto ☐ Widowed ☐ Separated ☐ Divorced ☐

No. of Dependents: Age of Dependents:

Current residential address

City State Postcode

Home phone number:

Work phone number:

Mobile number:

Fax number:

Preferred daytime contact number: Home ☐ Work ☐ Mobile ☐

Email address:

APPLICANT 2 PERSONAL DETAILS:

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

Surname:

Given names:

Date of birth: Sex: Male ☐ Female ☐

Marital status: Single ☐ Married ☐ De facto ☐ Widowed ☐ Separated ☐ Divorced ☐

No. of Dependents: Age of Dependents:

Current residential address

City State Postcode

Home phone number:

Work phone number:

Mobile number:

Fax number:

STATEMENT OF ASSETS & LIABILITIES

The following information will provide a snapshot of the applicant's net worth position for: Applicant 1 ☐ Applicant 2 ☐ Both ☐

ASSETS:

ASSET TYPE	VALUE
Principal Home Suburb: <input type="text"/>	\$ <input type="text"/>
Property - Other Suburb: <input type="text"/>	\$ <input type="text"/>
Property - Other Suburb: <input type="text"/>	\$ <input type="text"/>
Car/s	\$ <input type="text"/>
Contents	\$ <input type="text"/>
Bank:	\$ <input type="text"/>
Other	\$ <input type="text"/>

LIABILITIES/ EXPENSES:

LIABILITY TYPE	MONTHLY COMMITMENT	TOTAL OWING
Principal Home Lender: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Property - Other Lender: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Property - Other Lender: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Lease/Chattel Finance Lender: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Credit Cards Limits: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Commitments	\$ <input type="text"/>	\$ <input type="text"/>
Other Commitments	\$ <input type="text"/>	\$ <input type="text"/>

TOTAL ASSETS

\$

TOTAL LIABILITIES

\$

\$

FINANCIAL DECLARATION

1. Have you, or your co-applicant, ever been declared bankrupt or insolvent, has either Estate Yes ☐ No ☐
been assigned for the benefits of creditors?
2. Have you, or your co-applicant, ever been shareholders or officers of any company of which a Yes ☐ No ☐
manager, receiver and/or liquidator has been appointed?
3. Is there any judgment entered in court against you, or your co-applicant or any company of Yes ☐ No ☐
which you or your spouse are or were a shareholder or officer?
4. Have you, or your co-applicant, or any company with which you are or were associated, ever Yes ☐ No ☐
had a property foreclosed upon or sold through a mortgagee sale proceeding?
5. Has any application in respect of this loan been submitted by you, or any other lender? Yes ☐ No ☐

PRIVACY ACT CONFIRMATION BY BROKER

TO: Broadway Leasing
325 Flinders Lane
Melbourne VIC 3000

Name of Broker/Introducer:

Name/s of Applicants:

Type of Facility:

DECLARATION

In connection with the above application, I/We confirm that all individuals from whom personal information has been taken have been made aware:

1. That personal information is being supplied to Broadway Leasing for the purpose of the above credit application and for administration purposes, may be disclosed to a related entity that is a local or overseas party.
2. That their particulars may be disclosed to Veda Advantage Ltd or any other credit reporting agency and a credit report may be obtained about them from a credit reporting agency.
3. That Broadway Leasing may contact any credit provider or trade supplier referred to in the application or in a credit report in order to obtain a reference or to exchange credit information, which may include sensitive information about their health where in the opinion of Broadway Leasing that has a bearing on their ability to meet obligations (actual or proposed).
4. That personal information may be obtained by Broadway Leasing from public records including (but not limited to) electoral rolls, land title registers, registers of drivers licences, motor vehicle registers, bankruptcy registers, etc.
5. That they may gain access to the information held about them by contacting Broadway Leasing at the addresses and contact numbers shown above.

I /We also confirm that all the individuals have been informed that if the application is approved, they will be required to execute Broadway Leasing Privacy Authority and Agreement as part of the documentation for the finance transaction.

Print name:

Signature: Date: