



Melbourne: Tel: 03 8699 8000 Fax: 03 8699 8099
Sydney: Tel: 02 9476 1759
Address: 100 Park Street, South Melbourne VIC 3205
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



Melbourne: Tel: 03 8699 8000 Fax: 03 8699 8099
Sydney: Tel: 02 9557 8813
Address: 100 Park Street, South Melbourne VIC 3205
Website: www.broadwayleasing.com.au
ABN: 74 152 512 546

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"/>
		P/Code	<input type="text"/>
Net Income:	<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:

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

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:

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:

LIABILITIES/ EXPENSES:

ASSET TYPE	VALUE	LIABILITY TYPE	MONTHLY COMMITMENT	TOTAL OWING
Principal Home Suburb: <input type="text"/>	\$ <input type="text"/>	Principal Home Lender: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Property - Other Suburb: <input type="text"/>	\$ <input type="text"/>	Property - Other Lender: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Property - Other Suburb: <input type="text"/>	\$ <input type="text"/>	Property - Other Lender: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Car/s	\$ <input type="text"/>	Lease/Chattel Finance Lender: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Contents	\$ <input type="text"/>	Credit Cards Limits: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bank:	\$ <input type="text"/>	Other Commitments	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	Other Commitments	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL ASSETS	\$ <input type="text"/>	TOTAL LIABILITIES	\$ <input type="text"/>	\$ <input type="text"/>

FINANCIAL DECLARATION

1. Have you, or your co-applicant, ever been declared bankrupt or insolvent, has either Estate been assigned for the benefits of creditors? Yes No
2. Have you, or your co-applicant, ever been shareholders or officers of any company of which a manager, receiver and/or liquidator has been appointed? Yes No
3. Is there any judgment entered in court against you, or your co-applicant or any company of which you or your spouse are or were a shareholder or officer? Yes No
4. Have you, or your co-applicant, or any company with which you are or were associated, ever had a property foreclosed upon or sold through a mortgagee sale proceeding? Yes No
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
100 Park Street
South Melbourne, Vic 3205

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: