

# Finance application form Fax to your nearest Comfortel office

## 1. Business details

Business type	Pty Ltd <input type="checkbox"/>	Government <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole trader/Self employed <input type="checkbox"/>	Employed <input type="checkbox"/>
Applicant	ABN				
Address					Postcode
Work phone	( )	Fax	( )	Time operating this business	Years
Home phone	( )	Mobile		Bank	
Accountant	Phone ( )		Contact		
Trade/Credit references	1.	Phone ( )	Authority to contact your accountant for financial information, if required		Yes <input type="checkbox"/>
	2.	Phone ( )			No <input type="checkbox"/>

## 2. Personal details

To be fully completed by directors/partners/individuals, not required for Government or top 500 companies

### 1st Person

Full name			Annual income	\$	
Date of birth	/ /	Drivers licence no.		Time at current residence	Years Months
Address					Postcode
Renter	<input type="checkbox"/>	or Home owner <input type="checkbox"/>	Value \$	Mortgage \$	
Landlord/Mortgagor	Contact		Phone ( )		
Previous address				Postcode	Time Years

### 2nd Person

Full name			Annual income	\$	
Date of birth	/ /	Drivers licence no.		Time at current residence	Years Months
Address					Postcode
Renter	<input type="checkbox"/>	or Home owner <input type="checkbox"/>	Value \$	Mortgage \$	
Landlord/Mortgagor	Contact		Phone ( )		
Previous address				Postcode	Time Years

## 3. Equipment details

Supplier of goods	Comfortel Furniture Pty Ltd		Sales person	Phone ( )
Equipment				
Purchase price (ex GST)	\$	Term	Months	Repayments price (ex GST) \$

## 4. Signature

### Privacy and credit information & privacy act authorisation/agreement by applicants/guarantors

I/We understand that the Privacy Act allows QPF Finance Group, MTL Finance and any financier, assignee or any Related Company to provide to and request from credit reporting credit providers named in reports from those agencies any information about the Applicant, its directors and its principal shareholders personal and commercial activities. The information which may be given to an agency is covered in Australia by section 18E(1) of the Act and in New Zealand by the 1993 Privacy Act. By signing below (if this form is faxed) or by submitting this information in an electronic format, I/we agree to the conditions contained herein, and certify that the information provided is correct.

Signature of			/ /
	(1st Director/Partner/Individual)	Print name	Date
Signature of			/ /
	(2nd Director/Partner/Individual)	Print name	Date