B M FINANCIAL Pty Ltd

Ph: (02) 9742 1175 MOTOR VEHICLE LOAN APPLICATION Fax: (02) 9742 1159

	DETAILS OF TH	E MOTOR VEHICLE	
MAKE:	MODEL:		YEAR:
BODY TYPE:	AUTO/MANUAL	KM:	COLOR:
OPTIONS/ACCESSORIES:			
YEARS CLAIM FREE DRIVING:	EXISITING INSURER:	EX	XISTING NCB %:
PRICE: \$		BORROWERS F	REQUIREMENTS & OBJECTIVES
EXTRAS: \$			
CASH DEPOSIT: \$			
TRADE IN: \$			
PAY OUT: \$			
CASH BACK: \$			
\$			
LOAN AMOUNT: \$			
R/V: \$ T:	MTH: \$		
DEALER NAME:	SELLING A	GENT DETAILS	
ADDRESS:			
SALESMAN:		PH:	MOBILE:
	-		
SURNAME:		SURNAME:	APPLICANT/G'TOR
GIVEN NAME:		GIVEN NAME:	
		1 F	
DATE OF BIRTH:	(DD/MM/YY)		(DD/MM/YY
MALE/FEMALE:		MALE/FEMALE:	
MARITAL STATUS:		MARITAL STATUS:	
DRIVERS LIC NO:	EXP. DATE :	DRIVERS LIC NO:	EXP. DATE :
HOME PH: FAX	:	HOME PH:	FAX:
MOBILE PH:		MOBILE PH:	
EMAIL:	·c.	EMAIL:	ACEC.
DEPENDANTS: AGE		DEPENDANTS:	AGES:
RESIDENTIAL ADDRESS:	APPLICANT'S /	ADDRESS DETAILS	
LENGTH OF RESIDENCE:	Yrs Mths	OWN / RENT / BUYING	/ POARDING
LANDLORD/MORTGAGE DETAILS:	TIS IVIUIS	OWN / KEINT / BOTTING	Ph:
EANDEORD/MORTGAGE BETAILS.			FII.
PREVIOUS ADDRESS:			
LENGTH OF RESIDENCE:	Yrs Mths	OWN / RENT / BUYING	
LANDLORD/MORTGAGE DETAILS:			Ph:
EMPLOYMENT DETAIL	S - APPLICANT	EMPLOYME	NT DETAILS - CO APP/G'TOR
EMPLOYER:		EMPLOYER:	
ADDRESS:		ADDRESS:	
	PH:		PH:
OCCUPATION:	/	OCCUPATION:	
	T CASUAL SELF	BASIS OF EMPLOYMEN	· · · · · · · · · · · · · · · · · · ·
	rs Mths	PERIOD OF EMPLOYME	
NET WEEKLY INCOME: \$		NET WEEKLY INCOME:	\$
OTHER INCOME: \$ TOTAL INCOME: \$		OTHER INCOME: \$ TOTAL INCOME: \$	
TOTAL INCOME. \$		TOTAL INCOME. \$	
PREVIOUS EMPLOYMEN	IT - APPLICANT		MPLOYMENT - CO APP/G'TOR
EMPLOYER:		EMPLOYER:	
ADDRESS:	DU	ADDRESS:	2
DDEV OCCUPATION	PH:	DDEN OCCUPATION:	PH:
PREV OCCUPATION: PERIOD OF EMPLOYMENT: Y	rs Mths	PREV OCCUPATION: PERIOD OF EMPLOYME	ENT: Yrs Mths
INCOME: \$	I IVILLIS	INCOME: \$	LIVI. 113 IVIUIS
HACOIVIL. Y		IIVCOIVIL. 7	

BANKING DETAILS - APPLICANT			BANKING DETAILS - CO APP/G'TOR					
BANK WITH:			BANK WITH:					
BRANCH: TYPE OF ACCOUNT: BRANCH: TYPE OF ACCOUNT:								
TIPE OF ACCOUNT	•		TYPE OF ACCOUNT.					
		REFE	RENCES					
		Solicito	ors Details					
NAME:				PH:				
ADDRESS:	ADDRESS: FAX:							
		Accountant's Deta	ails - If Self Employed					
NAME:				PH:				
ADDRESS:								
		Nearest Relative	Not Living with You					
NAME:				RELATIONSHIP:				
ADDRESS:				PH:				
		Persona	l Reference					
NAME:				RELATIONSHIP:				
ADDRESS:				PH:				
		ASSETS 8	& LIABILITIES					
Assets	Value	Monthly	Credit Provider	Monthly Repayments	Balance Owing			
SAVINGS	\$	MORTGAGE		\$	\$			
INVESTMENTS	\$	OTHER MORTGAGE		\$	\$			
HOUSE PROPERTY AT: Suburb	\$	RENT/BOARD		\$	\$			
OTHER PROPERTY AT: Suburb	\$	CREDIT CARD Limit \$		\$	\$			
MOTOR VEHICLES	\$	CREDIT CARD Limit \$		\$	\$			
HOME CONTENTS	\$	PERSONAL LOAN		\$	\$			
OTHER ASSETS	\$	MOTOR VEHICLE LOAN		\$	\$			
	\$	OTHER		\$	\$			
TOTAL ASSETS	\$	Total Monthly Expenses:		\$	\$			
		PREVIOUS C	REDIT HISTORY					
COMPANY:				DATE PA	ID:			
COMPANY:								
COMPANY:								
			LAIMER					
		cant. B M FINANCIAL Pty Ltd v ssessment of the financial cor			the application.			
		any inquiries relating to this a true and correct. I/We am/ar			rged bankrupt.			
SIGNATURE:			DATE:					
SIGNATURE:			DATE:					