



# Client Pre-Approval Form

Please complete and **FAX to 1800 220 224**



## APPLICATION CHECKLIST

To submit your application, please ensure you have completed these areas:

CLIENT CATEGORY	AREAS TO BE COMPLETED
Full Doc	<b>A B C</b> and full set of financials (last 2 years)
Prime Lo Doc	<b>A B C</b>
New Start Product / Credit Impaired Product	<b>A B C D</b>
Unsure	Please contact LeaseChoice on <b>1800 220 226</b>

Further additional information **D** is required for motor vehicle applications and for the following applicant types:

- Individuals
- Salaried Professionals and
- Partnerships.

## **A** APPLICANT DETAILS

Business Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Entity (Tick one):  Top 500 Companies  Partnership  Sole Trader  
 Government  Other Company  Individual  
 Trust

**TRADING ADDRESS**

Street: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Account Manager (internal use): \_\_\_\_\_

Introducer/Client

## **A** TRANSACTION DETAILS

Type of Equipment:  Office  Industrial  Mining  IT  POS  
 Medical  Telecommunications  Motor Vehicle  
 Other (Please specify): \_\_\_\_\_

New  Used If used, how old \_\_\_\_\_

**Introducer/Broker (if applicable):** \_\_\_\_\_

Equipment Supplier: \_\_\_\_\_

Equipment Value (ex GST): \$ \_\_\_\_\_ Approx Monthly Payment: \$ \_\_\_\_\_

Facility:  Operating Lease/Rental  CHP  Chattel Mortgage  Finance Lease

Term:  24 months  36 months  48 months  60 months

## **A** FOR MOTOR VEHICLES

Make: \_\_\_\_\_ Registration No: \_\_\_\_\_

State of registration: \_\_\_\_\_ Year Made: \_\_\_\_\_

Vin No: \_\_\_\_\_ Chassis No: \_\_\_\_\_

## **A** TRADE REFERENCES

**Reference 1:** Company Name: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Reference 2:** Company Name: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

## **A** Not required for Public Companies or Government

**1.  INDIVIDUAL  PARTNER  DIRECTOR DETAILS:** I am a property owner:  YES  NO

Property Value: \$ \_\_\_\_\_ Mortgage owing: \$ \_\_\_\_\_

Property Street Address: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

**HOME ADDRESS**

Street: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

**2.  INDIVIDUAL  PARTNER  DIRECTOR DETAILS:** I am a property owner:  YES  NO

Property Value: \$ \_\_\_\_\_ Mortgage owing: \$ \_\_\_\_\_

Property Street Address: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

**HOME ADDRESS**

Street: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

**3.  INDIVIDUAL  PARTNER  DIRECTOR DETAILS:** I am a property owner:  YES  NO

Property Value: \$ \_\_\_\_\_ Mortgage owing: \$ \_\_\_\_\_

Property Street Address: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

**HOME ADDRESS**

Street: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_



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## Privacy Declaration and Authorisation to Release Information *(Not required for Public Companies or Government)*

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 LEASECHOICE Pty Ltd ACN 092 582 655 ('LEASECHOICE') 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 LEASECHOICE 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, LEASECHOICE 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 LEASECHOICE on 1800 220 225. I/we further authorise our accountant or financial officer to provide LEASECHOICE such information, if any, which LEASECHOICE 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.

## B

Your Signature: _____	Your Signature: _____	Your Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____
Position: _____	Position: _____	Position: _____
Driver's License: _____	Driver's License: _____	Driver's License: _____
Date of Birth:    /    /	Date of Birth:    /    /	Date of Birth:    /    /
Date:    /    /	Date:    /    /	Date:    /    /

**This form does not constitute a contract: LeaseChoice will contact you to discuss this facility and finalise the documentation.**

## C

### CLIENT TRANSACTION INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a replacement commitment?  Yes  No    If yes, current funder: \_\_\_\_\_    Monthly Payment: \$ \_\_\_\_\_    Term remaining: \_\_\_\_\_ months

## C

### APPLICANT 1

#### ASSETS

	DETAILS / ADDRESS	VALUE
Property		
Other Property		
Motor Vehicles		
Cash at Bank		
Other Assets		
<b>TOTAL ASSETS</b>		

#### LIABILITIES

	FINANCIER	AMOUNT BORROWED / CREDIT LIMIT	MONTHLY	TOTAL OWING
Mortgage/Rent				
Other Mortgages				
Car Loans				
Other Loans				
Credit Cards				
Other Liabilities				
<b>TOTAL COMMITMENTS</b>				



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## C APPLICANT 2

ASSETS	DETAILS / ADDRESS	VALUE
Property		
Other Property		
Motor Vehicles		
Cash at Bank		
Other Assets		
<b>TOTAL ASSETS</b>		

LIABILITIES	FINANCIER	AMOUNT BORROWED / CREDIT LIMIT	MONTHLY	TOTAL OWING
Mortgage/Rent				
Other Mortgages				
Car Loans				
Other Loans				
Credit Cards				
Other Liabilities				
<b>TOTAL COMMITMENTS</b>				

## D ADDITIONAL FINANCIAL INFORMATION (ESSENTIAL)

### APPLICANT 1

Applicants Income (Nett): \$ \_\_\_\_\_ Marital Status: \_\_\_\_\_

(Number) of Dependents and Age: (    ) \_\_\_\_\_

Banker & Branch: \_\_\_\_\_

#### LAST 3 YEAR RESIDENTIAL HISTORY

Current Address: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Period:    Yrs    Mnth    Ph:    Mob: \_\_\_\_\_

Landlord: \_\_\_\_\_ Ph: \_\_\_\_\_

No on Lease: \_\_\_\_\_ Own:  Buy:  Rent:  Board:

Previous Address 1: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Period:    Yrs    Mnths    Own:  Buy:  Rent:  Board:

Previous Address 2: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Period:    Yrs    Mnths    Own:  Buy:  Rent:  Board:

#### LAST 3 YEAR EMPLOYMENT HISTORY

Employer: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Accountant: \_\_\_\_\_ Ph: \_\_\_\_\_

Period:    Yrs    Mnths    F/T:  P/T:  Cas:  S/E:

Previous Employer 1: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Period:    Yrs    Mnths    F/T:  P/T:  Cas:  S/E:

Previous Employer 2: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Period:    Yrs    Mnths    F/T:  P/T:  Cas:  S/E:

### APPLICANT 2

Applicants Income (Nett): \$ \_\_\_\_\_ Marital Status: \_\_\_\_\_

(Number) of Dependents and Age: (    ) \_\_\_\_\_

Banker & Branch: \_\_\_\_\_

#### LAST 3 YEAR RESIDENTIAL HISTORY

Current Address: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Period:    Yrs    Mnth    Ph:    Mob: \_\_\_\_\_

Landlord: \_\_\_\_\_ Ph: \_\_\_\_\_

No on Lease: \_\_\_\_\_ Own:  Buy:  Rent:  Board:

Previous Address 1: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Period:    Yrs    Mnths    Own:  Buy:  Rent:  Board:

Previous Address 2: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Period:    Yrs    Mnths    Own:  Buy:  Rent:  Board:

#### LAST 3 YEAR EMPLOYMENT HISTORY

Employer: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Accountant: \_\_\_\_\_ Ph: \_\_\_\_\_

Period:    Yrs    Mnths    F/T:  P/T:  Cas:  S/E:

Previous Employer 1: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Period:    Yrs    Mnths    F/T:  P/T:  Cas:  S/E:

Previous Employer 2: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Period:    Yrs    Mnths    F/T:  P/T:  Cas:  S/E: