

**GATEACRE FINANCE LTD**

P O Box 15 126, Dinsdale, Hamilton  
 info@gateacre.co.nz  
 Telephone 07 829 8490, Fax 07 829 8529

**Business Credit Application****The Goods**

Dealer/Supplier name:

Phone:

Fax:

Description of goods	Value of Goods GST Inc: \$	Deposit: \$
	Term: (Months) 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> Other <input type="checkbox"/>	
	Payment Frequency: Weekly <input type="checkbox"/> F/nightly <input type="checkbox"/> Monthly <input type="checkbox"/>	
	Type of Loan: Hire Purchase <input type="checkbox"/> Rental <input type="checkbox"/>	

**The Company**

Full Name:-	Company No:-		
Address:-			
Postal Address:-			
Phone No:	Fax:	mob:	Email:
Bankers:	Solicitors:		
Accountant:			

**Partner/Shareholder Details**

Full Names	Date of Birth	Residential Address
1.	/ /	
2.	/ /	
3.	/ /	

**Trade References**

Name	Address	Ph No
1.		
2.		
3.		
4.		

**Principal Partner/Shareholder/Director – Your Financial Details.** » » » Name » » » » »

ASSETS		LIABILITIES	
Your Home	\$	Mortgages	\$
Motor Vehicle	\$	Hire Purchase	\$
Other Property	\$	Other Loans	\$
Other Investments	\$	Credit card Limits	\$
Total Assets	\$	Total Liabilities	\$
Your Address:		Home Ph No:	Mob:
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> De Facto <input type="checkbox"/>		

**Personal ID**

<b>Personal ID:</b> A copy of Drivers Licence or Passport of the person whose name appears as the PRINCIPAL PARTNER/DIRECTOR/SHAREHOLDER must be faxed, posted or emailed to Gateacre Finance Ltd.		
Drivers Lic No:	Passport No:	
Motor Vehicle Model:	Year:	Reg. No.

**Privacy Act:**

I/We hereby authorise any person or company to provide you or the Finance Company named above with such information as you may require in response to your enquiries associated with this application. I/We also further authorise you to furnish to any third party details of this application and subsequent dealings that I/we may have with you as a result of this application being actioned by you. I/we hereby declare that the information provided is true and correct and that I/we are not an undischarged bankrupt. I/we agree that the financier may nominate the insurer at its discretion.

TICK here to accept

**ACCEPTED**