

GATEACRE FINANCE LTD

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

Dealer Application Form**The Company/Dealer**

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

Partner/Shareholder Details

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

Trade References

<u>Name.</u>	<u>Address</u>	<u>Ph No</u>
1.		
2.		
3.		
4.		

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