

GATEACRE FINANCE LTD

P O Box 15 126, Dinsdale, Hamilton

info@gateacre.co.nz

Telephone 07 829 8490, Fax 07 829 8529, Dealer/Suppliers name:

Personal Credit Application

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"/>	

GIVEN NAMES:-	SURNAME :
DATE OF BIRTH: / /	PHONE NO: Fax:
ADDRESS:-	mob: Email:
	Male <input type="checkbox"/> Female <input type="checkbox"/>
PREVIOUS ADDRESS:	Period of residence at present address Yrs
-----	Are you a: Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Boarder <input type="checkbox"/>
Are you a N Z Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	If not Please State citizenship:
A Permanent resident Yes <input type="checkbox"/> No <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/>
Approximate Personal Net Weekly Income	
\$200-\$299 <input type="checkbox"/>	\$300-\$399 <input type="checkbox"/> \$400-\$599 <input type="checkbox"/> \$600-\$699 <input type="checkbox"/> \$700-\$799 <input type="checkbox"/> \$800+ <input type="checkbox"/>

Home owner Yes <input type="checkbox"/> No <input type="checkbox"/>	Value of Home: \$	Balance of Mortgage: \$
If Rented or Leased name of Landlord	Phone	

Occupation:	How Long Employed:
Present Employer: _____	
Address:	Ph:

PARTNERS DETAILS			
Given names:-	Surname	Date of Birth: / /	
Address:-	Ph No	Mob;	email
Partners Employer:	Phone;		

<u>NEXT OF KIN NAME AND ADDRESS</u>		
<u>Name.</u>	<u>Address</u>	<u>Phone:</u>

References name	Address	Amount owing	Monthly payments.
Company	_____		
Personal:	ADDRESS	RELATIONSHIP	PHONE

PRIVACY ACT:

I hereby authorise any person or company to provide you or Gateacre Finance Ltd with such information as you may require in response to your enquiries associated with this application.. I also further authorise you or Gateacre Finance Ltd to furnish to any third party or parties details of this application and any subsequent dealings that I may have with you or Gateacre Finance Ltd as a result of this application being actioned by you or Gateacre Finance Ltd.

I declare that the above particulars are true and correct and that I am over the age of eighteen years, that I have never been adjudged bankrupt nor have I committed any act of bankruptcy.

I hereby agree in consideration of credit being extended to me to pay all legal and other incidental expenses incurred in respect of recovery of my debt to Gateacre Finance Limited.

TICK here to accept

ACCEPTED