

Asset Finance Business Application (Company/Partnership/Trustee)



FOR COMMERCIAL BROKER USE ONLY

SUBMITTING YOUR APPLICATION

Complete this application and fax with supporting documentation to your ANZ Relationship Manager. Please ensure you attach:

- Privacy Consent Form (Guarantors must sign)
- Guarantor Assessment Checklist (if a third party guarantor is being provided)
- Copy of quote (required for all applications)

Supporting documentation and most recent financials:

Company/Trust: Require Profit and Loss Statement and Balance sheet

Partnership: Require Partnership Tax Return

Your ANZ Relationship Manager is:

Name

Phone

Email

Fax

BROKER DETAILS

Broker Firm

Source of Business Number (SOB)

Phone Number

Fax Number

Broker Name

Date

Mobile

Email

APPLICANT DETAILS

Company/Partnership name

Applicant Type PTY LTD LTD NO-LIABILITY COMPANY PARTNERSHIP SUNDRY

ABN

ACN

Trading Name

Trust Name

Trading Address

Type of Trust (ie. Family Trust, Discretionary Trust etc)

Suburb

State / Territory

Postcode

Phone Number

Total Number of Directors/Partners

Fax Number

Nature of Business

Country of Establishment

Time in Operation

Years

Months

Existing Esanda Customer? Yes No

If Yes, please provide Contract No.

or Registration No.

APPLICANT DETAILS (cont.)

1st Director / Proprietor - Details

Director Partner Guarantor

First Name

Second Name

Surname

Date of Birth

 / /

Privacy Consent

Yes No

Address

Suburb

State / Territory

Postcode

Duration at Address

 Years

 Months

Previous Address (if less than 3 years in current)

Suburb

State / Territory

Postcode

Duration at Address

 Years

 Months

Gender

Male Female

Marital Status

Number of Dependents

Telephone (A/H)

 ()

Mobile

Drivers Licence Number

Time as Director/Proprietor of Company

 Years

 Months

Residential Status

Own Mortgage Rent Board

Employer Subsidised

Previous Employment (if less than 3 years in current)

Occupation

Employer

Duration of Employment

 Years

 Months

1st Director / Proprietor - Asset Position

Personal Assets

Cash at Bank	\$	<input type="text"/>
Home Value	\$	<input type="text"/>
Other Property Value	\$	<input type="text"/>
Motor Vehicle/s	\$	<input type="text"/>
Plant & Equipment	\$	<input type="text"/>
Household Effects	\$	<input type="text"/>
Business Assets	\$	<input type="text"/>
Term Deposits	\$	<input type="text"/>
Debentures	\$	<input type="text"/>
Debtors	\$	<input type="text"/>
Other Assets (please list)	\$	<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Personal Liabilities

Home Mortgage	\$	<input type="text"/>
Other Mortgages	\$	<input type="text"/>
Creditors	\$	<input type="text"/>
Credit Card (limit)	\$	<input type="text"/>
Overdraft (limit)	\$	<input type="text"/>
Loans Outstanding	\$	<input type="text"/>
Other Liabilities (please list)	\$	<input type="text"/>
		<input type="text"/>
		<input type="text"/>

APPLICANT DETAILS (cont.)

2nd Director / Proprietor - Details

Director Partner Guarantor

First Name

Second Name

Surname

Date of Birth

Privacy Consent
 Yes No

Address

Suburb State / Territory Postcode

Duration at Address
 Years Months

Previous Address (if less than 3 years in current)

Suburb State / Territory Postcode

Duration at Address
 Years Months

Gender
 Male Female

Marital Status Number of Dependents

Telephone (A/H)
()

Mobile

Drivers Licence Number

Time as Director/Proprietor of Company
 Years Months

Residential Status
 Own Mortgage Rent Board

Employer Subsidised

Previous Employment (if less than 3 years in current)
Occupation

Employer

Duration of Employment Years

Months

2nd Director / Proprietor - Asset Position

Personal Assets

Cash at Bank	\$ <input type="text"/>
Home Value	\$ <input type="text"/>
Other Property Value	\$ <input type="text"/>
Motor Vehicle/s	\$ <input type="text"/>
Plant & Equipment	\$ <input type="text"/>
Household Effects	\$ <input type="text"/>
Business Assets	\$ <input type="text"/>
Term Deposits	\$ <input type="text"/>
Debentures	\$ <input type="text"/>
Debtors	\$ <input type="text"/>
Other Assets (please list)	\$ <input type="text"/>
<input type="text"/>	
<input type="text"/>	

Personal Liabilities

Home Mortgage	\$ <input type="text"/>
Other Mortgages	\$ <input type="text"/>
Creditors	\$ <input type="text"/>
Credit Card (limit)	\$ <input type="text"/>
Overdraft (limit)	\$ <input type="text"/>
Loans Outstanding	\$ <input type="text"/>
Other Liabilities (please list)	\$ <input type="text"/>
<input type="text"/>	
<input type="text"/>	

*For each subsequent director or partner or guarantor you will need to complete the above information by attaching additional sheets.

ADDITIONAL DIRECTORS / SHAREHOLDERS / PARTNERS

Please supply details of all other Directors / Partners / Shareholders in your business who are not providing their guarantee.
Please also supply a list of all other beneficial owners with a shareholding of greater than 25% if the applicant is a registered company.

* Note: The 'Additional Directors / Shareholders / Partners' and 'Additional Trustees and Trust Beneficiary Details' sections must not be left blank. If the applicant is a Trust or Company, or if the Guarantor is a Trust or a Company, and there are no additional entities to be entered, you must write N/A in all fields in both sections.

First Name

Second Name

Surname

Street Address

Suburb State / Territory Postcode

Type : Please tick ✓

Director Partner

Shareholder/ Beneficial Owner

Chairperson / Treasurer / Secretary

Other (please state)

First Name

Second Name

Surname

Street Address

Suburb State / Territory Postcode

Type : Please tick ✓

Director Partner

Shareholder/ Beneficial Owner

Chairperson / Treasurer / Secretary

Other (please state)

First Name

Second Name

Surname

Street Address

Suburb State / Territory Postcode

Type : Please tick ✓

Director Partner

Shareholder/ Beneficial Owner

Chairperson / Treasurer / Secretary

Other (please state)

ADDITIONAL TRUSTEES AND TRUST BENEFICIARY DETAILS

Please supply a list of all other Trustees of your Trust and details of all Beneficiaries or classes of beneficiaries with interests in Trust assets (if applicable).

First Name

Second Name

Surname

Street Address

Suburb

State / Territory

Postcode

Type : Please tick ✓

Trustee

Beneficiary

Beneficial Owner

Class of Beneficiary (please specify)

First Name

Second Name

Surname

Street Address

Suburb

State / Territory

Postcode

Type : Please tick ✓

Trustee

Beneficiary

Beneficial Owner

Class of Beneficiary (please specify)

First Name

Second Name

Surname

Street Address

Suburb

State / Territory

Postcode

Type : Please tick ✓

Trustee

Beneficiary

Beneficial Owner

Class of Beneficiary (please specify)

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APPLICANT BANKING DETAILS

Name of Bank	Branch	Account Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNTANT DETAILS

Contact Person	Phone Number
<input type="text"/>	(<input type="text"/>) <input type="text"/>

Name of Accounting Firm

BUSINESS/TRADE REFERENCES (MUST PROVIDE AT LEAST TWO)

Contact Person	Company Name	Phone Number
<input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>
<input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>

GOODS TO BE FINANCED

Year	Make	Model	New / Used / Demo
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Goods Category	Kilometres	Hours (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of Goods

Options/Accessories

For Goods with Wheels Only

Fuel	<input type="checkbox"/> LPG	<input type="checkbox"/> Petrol	<input type="checkbox"/> Diesel	Other	<input type="text"/>			
Type	<input type="checkbox"/> Hatch	<input type="checkbox"/> Sedan	<input type="checkbox"/> Wagon	<input type="checkbox"/> 4WD	<input type="checkbox"/> Utility	<input type="checkbox"/> Dual Cab	Other	<input type="text"/>
Engine	<input type="checkbox"/> 4 cyl	<input type="checkbox"/> 6 cyl	<input type="checkbox"/> 8 cyl	Other	<input type="text"/>			
Transmission	<input type="checkbox"/> Manual	<input type="checkbox"/> Automatic						

State / Territory where goods will be predominantly used

TRADE-IN DETAILS (IF APPLICABLE)

Year	Make	Model	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Number	Trade Amount:
<input type="text"/>	<input type="text"/>

SUPPLIER DETAILS

Supplier Name

Address	Suburb	State / Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supplier Type

<input type="checkbox"/> Private Sale	<input type="checkbox"/> Refinance	<input type="checkbox"/> Sale & Buy Back	<input type="checkbox"/> Franchise Dealer	<input type="checkbox"/> Other Dealer
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FINANCE DETAILS

Facility	<input type="checkbox"/> Chattel Mortgage	<input type="checkbox"/> Hire Purchase	<input type="checkbox"/> Lease
Cash Price (incl GST)	\$ <input type="text"/>	Commission/Brokerage (Incl. GST)	\$ <input type="text"/>
GST Amount (as per Invoice)	\$ <input type="text"/>	Base Rate	<input type="text"/> %
Less Deposit	\$ <input type="text"/>	Writing/Customer Rate	<input type="text"/> %
Less Trade-in Value	\$ <input type="text"/>	Term (months)	<input type="text"/>
Plus Origination Fee (M/V Only) Incl GST	\$ <input type="text"/>	Balloon/Residual (\$ or %)	<input type="text"/>
Payout to Finance Company		Payments (advance/arrears)	<input type="text"/>
Finance Company Name	<input type="text"/>	Repayment Pattern	<input type="text"/>
Plus Amount Owing	\$ <input type="text"/>	If Irregular – Provide Details	<input type="text"/>
Total Amount Financed	\$ <input type="text"/>	<input type="text"/>	
(please note fees & charges may apply)			
Payment Method	<input type="checkbox"/> Direct Debit <input type="checkbox"/> BPAY		
Fees	<input type="checkbox"/> Financed	<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Cheque (Automated Voucher Sheet)

FINANCIAL COMMITMENTS (IF APPLICABLE)

	1	2	3	4
Lender/Financier				
Date Commenced				
Amount Financed	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Goods				
Monthly Repayment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Term				
Balloon/Residual	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Current Balance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Contract No. (Esanda only)				
To be paid out	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: If there are additional commitments, please attach an additional commitment schedule.

*Note: It is important for you to ascertain the customer's ability to service (refer to appendix), prior to submitting any application.

COMPANY GUARANTOR DETAILS (IF APPLICABLE)

Company Name	<input type="text"/>		
ABN	<input type="text"/>		
Trading Name	<input type="text"/>		
Nature of Business	<input type="text"/>		
Address	<input type="text"/>		
Phone Number	<input type="text"/>		
	<input type="text"/>		
Company Type	<input type="text"/>		
ACN	<input type="text"/>		
Trust Name	<input type="text"/>		
Type of Trust (ie. Family Trust, Discretionary Trust etc.)	<input type="text"/>		
Suburb	State / Territory	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fax Number	<input type="text"/>		
	<input type="text"/>		

*Note: please ensure financials for Company Guarantor are provided with the application.

UNDERSTANDING THE CUSTOMER

While it is essential to send through financial information for the financier to make an informed decision, it is also important to understand the customer and industry. On a separate sheet, and in your own style, please provide additional information which may include the following (where necessary):

Reason for Purchase

Customers need to provide information that will answer the following questions:

- Why is the customer purchasing the asset?
- What benefits will be derived from purchasing it?
- Is it replacing an existing asset or will it be an additional asset?
- If an addition, what additional income will the asset generate?
- Is there a cash flow prepared to show the financial impact the new item will have?
- Has the business changed direction lately via diversification or expansion?

Business Operation / History

Customers need to provide information that will answer the following questions:

- How long has the business been in operation?
- What does the business do? What industry?
- Brief description of how the business operates.
- How long have the directors been involved in the business?
- What experience and qualifications do the directors have?
- If they have only been directors for a short time, what were they doing previously?

Corporate Structure

- Is there a trust involved?
- Is there more than one company involved in the group? (If so, provide a family tree which explains the relationships between the companies and illustrates shareholders and directors)

Statement of Financial Position

Briefly comment on any significant items in the Statement of Financial Position or of any major recent changes in the asset position.

***Please ensure the appropriate Privacy Consent Forms have been completed and provided.**

APPENDIX – ABILITY TO SERVICE - BUSINESS

	(\$) FY	(\$) FY	(\$) FY
Financial Period	mths to dd/mm/yy <input type="text"/> <input type="text"/>	mths to dd/mm/yy <input type="text"/> <input type="text"/>	mths to dd/mm/yy <input type="text"/> <input type="text"/>
Sales (turnover)			
Gross Profit			
Net Profit			
Add Back			
Depreciation			
Lease Rentals			
Lease Interest			
Lease Amortisation			
Hire Purchase			
Interest			
Loss on Sale of fixed assets			
(Profit on asset)			
Cash Flow			
Less Commitments			
Overdraft		K @10%	K @10%
Bank		p/m	p/m
Current Equipment		p/m	p/m
This request		p/m	p/m
Surplus			

APPENDIX – ABILITY TO SERVICE - PERSONAL

	(\$) FY	(\$) FY	(\$) FY
Taxable Income			
Monthly After Tax			
Net Profit Other Income			
Total Income			
Less Expenses			
Mortgage / Rent			
Credit Cards			
Lease / Other Repayments			
Vehicles			
Other Expenses			
This Request			
Surplus			