



Helping young people with Cancer.

LendaHand Finance
118 Fordham Avenue
Camberwell VIC 3124
M 0412 264 618
P 03 9809 1911
F 03 9809 1900
ABN 90 077 126 366

Equipment Dealer: Sales Consultant: Phone No:

COMPANY NAME: ACN / ABN:
TRADING NAME: CONTACT:
ADDRESS: EMAIL:
SUBURB/TOWN: STATE: POSTCODE:
PHONE: MOBILE: FAX:
NATURE OF BUSINESS: NO. STAFF: YEARS ESTAB:
BANK & BRANCH:

1. Director/Individual/Partner NAME: DOB:
ADDRESS: D/L: Length of Time:
SUBURB/TOWN: STATE: POSTCODE:
HOME OWNER RENTING REAL ESTATE VALUE \$ OWING \$

2. Director/Individual/Partner NAME: DOB:
ADDRESS: D/L: Length of Time:
SUBURB/TOWN: STATE: POSTCODE:
HOME OWNER RENTING REAL ESTATE VALUE \$ OWING \$

ACCOUNTANT'S NAME: CONTACT: PHONE:
INSURANCE COMPANY/BROKER: CONTACT: PHONE:

EQUIPMENT DESCRIPTION: REASON FOR EQUIP:
COST PRICE \$ GST COMPONENT \$ TOTAL PRICE \$
REPAYMENTS \$ /month... TERM (months): TYPE OF FINANCE: RESIDUAL VALUE \$

TRADE/CREDIT REFERENCE (1): PH:
TRADE/CREDIT REFERENCE (2): PH:
TRADE/CREDIT REFERENCE (3): PH:

PRIVACY AND CREDIT INFORMATION & PRIVACY ACT AUTHORISATION/AGREEMENT

I/We understand that the Privacy Act allows the Finance Institution to provide to and request from credit reporting agencies and other credit providers named in reports from those agencies certain information about me/our personal and commercial activities and credit worthiness which I/we authorise the finance institutions to do. The information which may be given to an agency is covered by section 18(1) of the Act.

APPLICANT NAME: SIGNATURE: DATE:

APPLICANT NAME: SIGNATURE: DATE: