

CUSTOMER DETAILS

Entity Type		Other	
Customer		ACN/ABN	
If trust, name of trust		Trust ABN	
Type of trust		Other	
Trading name			
Phone		Fax	
Business address		City	
		State	
Country		Postcode	
Postal address		City	
		State	
Country		Postcode	
Goods address		City	
		State	
Country		Postcode	
Contact name		Mobile	
		Email	

BUSINESS INFORMATION

Principal business activity			
Years in principal business activity		Average annual sales (last 3 years?)	\$

OTHER INFORMATION

Finance quote number		Payment frequency		Type	
Purchase price (ex GST)	\$	Dealer name			
Payment (ex GST)	\$	Sales representative			
Term (months)		Goods description			

SOLE TRADER/DIRECTORS/PARTNERS/GUARANTORS

Please provide details of the sole trader / directors / partners / guarantors

Full name		Role		DOB	
Residential Address				Drivers Lic	
Email				Phone	
Full name		Role		DOB	
Residential Address				Drivers Lic	
Email				Phone	
Full name		Role		DOB	
Residential Address				Drivers Lic	
Email				Phone	
Does any Guarantor own any property ?		Combined value	\$	Combined amount owing	\$

TRUSTEES

If the Customer is a trust, provide details of all trustees

Full name		ABN		DOB	
Residential Address				Drivers Lic	
Email				Phone	
Full name		ABN		DOB	
Residential Address				Drivers Lic	
Email				Phone	
Full name		ABN		DOB	
Residential Address				Drivers Lic	
Email				Phone	

ACCOUNTANT DETAILS

If the Customer is a trust or partnership, provide accountant contact details for AML/CTF purposes

Accountant name	Phone number	Email

ULTIMATE BENEFICIAL OWNERS

If the Customer is a company, provide details of all individuals holding 25% or more shares either directly or through one or more shareholdings

Full name		DOB	
Residential Address			Drivers Lic
Email			Phone
Full name		DOB	
Residential Address			Drivers Lic
Email			Phone
Full name		DOB	
Residential Address			Drivers Lic
Email			Phone



A. IMPORTANT INFORMATION

B. PRIVACY ACT CONSENT AND ACKNOWLEDGMENT

C. SIGNATURE

If this form is printed and submitted by mail, fax, or as a scanned attachment to email, please sign by hand below.

For electronic completion of this form only: by selecting 'I agree' and entering your full name and the date below, you acknowledge that you have read and understood, and consent to the matters set out in, the privacy consent and acknowledgement above.

Signature		Signature	
Full name		Full name	
Date		Date	