

Gilrose Finance Company Limited

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PERSONAL APPLICATION FOR CREDIT

Dealer Name

Telephone:

Facsimile:

COMPLETE FORM IN BLOCK LETTERS	VALUE OF GOODS: (Incl. GST) \$
DESCRIPTION OF GOODS:	DEPOSIT: \$
	TERM: 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> MONTHS
	PAYMENT FREQUENCY: <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY
	TYPE OF LOAN: HIRE PURCHASE <input type="checkbox"/> RENTAL <input type="checkbox"/>

THE PURCHASER

GIVEN NAMES:

SURNAME: (Mr/Mrs/Miss/Ms)

ARE YOU A NZ CITIZEN: YES NO

IF NO PLEASE STATE CITIZENSHIP:

PERMANENT RESIDENT: YES NO

DATE OF BIRTH: / /

STREET ADDRESS:

TIME THERE:

SUBURB:

TOWN/CITY:

HOME PHONE NO:

WORK PHONE NO:

MOBILE PHONE NO:

PREVIOUS ADDRESS:

HOW LONG:

OCCUPATION:

EMPLOYER'S NAME:

TIME THERE:

POSITION:

IMMEDIATE SUPERIOR:

PREVIOUS EMPLOYER:

TIME THERE:

PHONE:

NEXT OF KIN NAME AND ADDRESS:

PHONE:

MARRIED / SINGLE / DE FACTO:

NAME OF SPOUSE:

SPOUSE'S DATE OF BIRTH: / /

SPOUSE'S OCCUPATION:

SPOUSE'S EMPLOYER:

TIME THERE:

PHONE:

IF SPOUSE IS A CO-BORROWER THEN A SECOND APPLICATION IS REQUIRED.

NUMBER OF DEPENDANTS:

PERSONAL WEEKLY INCOME (BEFORE TAX - APPLICANT ONLY): \$200 - \$399 \$400 - \$599 \$600 - \$799 \$800 - \$1199 \$1200 +

HOMEOWNER: YES NO

VALUE OF HOME (APPROX.) \$

BALANCE OF MORTGAGE (APPROX.) \$

CREDIT REFERENCE - FULLY PAID LOANS: (\$ Approximations Only)

NAME OF COMPANY:

TELEPHONE:

Description of Goods:
(e.g. Car, Computer)

Original Balance:

Balance Owing:

Monthly Payments:

OTHER CREDIT OUTSTANDING: (\$ Approximations Only)

NAME OF COMPANY:

TELEPHONE:

Description of Goods:
(e.g. Car, Computer)

Original Balance:

Balance Owing:

Monthly Payments:

PERSONAL ID:

Personal ID sighted by (STAFF MEMBER PLEASE PRINT NAME):

Driver's Licence Number:

Amex, Diners, Bankcard, MasterCard, Visa Number:

Passport Number:

Other:

Motor Vehicle Model

Year:

Registration Number:

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 or parties details of this application and any 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.

SIGNATURE:

DATE: