



Prime Lease Brokers

ABN: 21 637 522 456 | ACN: 146 922 965

## Prime Lease Pty Ltd Commercial Finance

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Pre-Approval  
Form

## Finance Application For Vehicles - Trucks - Equipment

### Borrower Category (tick a box)

☐ Company ☐ Partnership ☐ Sole Trader ☐ Individual Employed Complete Section 3 & 4 Only

Is the borrowing entity a trustee for a trust ☐ Yes ☐ No

Finance Facility Required ☐ Chattel Mortgage ☐ Hire Purchase ☐ Lease ☐ Novated Lease

### SECTION 1

Company Name				ACN
Name of Trust				ABN
Trading Name	Industry	Time in Business	Years	Months
Business Address	State :	Postcode:	Total Directors:	
Contact Details	Ph: ( )	Mob:	Email:	

### SECTION 2 - Directors / Partners /Sole Trader Personal Details

Note: If more than 2 Directors / Partners, all parties are to complete this section

Director 1 / Partner 1		Director 2 / Partner 2	
Full Name:		Full Name:	
Date of Birth: / /		Date of Birth: / /	
Street Address:		Street Address:	
Suburb:	State: Postcode:	Suburb:	State: Postcode:
Time At Current Address: Years Months		Time At Current Address: Years Months	
Previous Address (If less than 5 years):		Previous Address (If less than 5 years):	
Suburb:	State: Postcode:	Suburb:	State: Postcode:
Time At Previous Address: Years Months		Time At Previous Address: Years Months	
Residential Status: Own <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Board <input type="checkbox"/>		Residential Status: Own <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Board <input type="checkbox"/>	
Phone Numbers: H ( ) Mob:		Phone Numbers: H ( ) Mob:	
W ( ) Email:		W ( ) Email:	
Drivers Licence #: Expiry Date: / /		Drivers Licence #: Expiry Date: / /	
Marital Status: Number of Dependents:		Marital Status: Number of Dependents:	
Personal Assets		Personal Assets	
Home Value: \$ Other Properties Values: 1) \$		Home Value: \$ Other Properties Values: 1) \$	
2) \$ 3) \$		2) \$ 3) \$	
Motor Vehicles / Fleet Value: \$		Motor Vehicles / Fleet Value: \$	
Cash in Bank: \$ Household Affects: \$		Cash in Bank: \$ Household Affects: \$	
Other Assets: \$ Description:		Other Assets: \$ Description:	
Personal Liabilities		Personal Liabilities	
Mortgage on Home: \$ bank:		Mortgage on Home: \$ bank:	
Other Mortgages: 1) \$ bank:		Other Mortgages: 1) \$ bank:	
2) \$ bank: 3) \$ bank:		2) \$ bank: 3) \$ bank:	
Credit Card(s) (Limits): 1) \$ bank:		Credit Card(s) (Limits): 1) \$ bank:	
2) \$ bank: 3) \$ bank:		2) \$ bank: 3) \$ bank:	
Other Liabilities: \$ Description:		Other Liabilities: \$ Description:	
Additional Incomes & Expenses		Additional Incomes & Expenses	
Monthly Mortgage Repayments: \$		Monthly Mortgage Repayments: \$	
Total Other Mortgage Repayments: \$		Total Other Mortgage Repayments: \$	
Total Rental Income (monthly): \$		Total Rental Income (monthly): \$	
Other Income: \$		Other Income: \$	
Details of Other Income:		Details of Other Income:	
Monthly Rent (if applicable): \$		Monthly Rent (if applicable): \$	
Living Expenses (Monthly): \$		Living Expenses (Monthly): \$	
Applicant Signature: Date: / /		Applicant Signature: Date: / /	

SECTION 3 - Employed Individuals Only

Applicant Details

Full Name:		
Date of Birth: / /		
Street Address:		
Suburb:	State:	Postcode:
Time At Current Address: Years Months		
Previous Address (If less than 5 years):		
Suburb:	State:	Postcode:
Time At Previous Address: Years Months		
Residential Status: Own <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Board <input type="checkbox"/>		
Phone Numbers: H ( ) Mob:		
W ( ) Email:		
Drivers Licence #: Expiry Date: / /		
Marital Status: Number of Dependants:		

Monthly Income & Expenditure

Income (Monthly)	Expenses (Monthly)
Income : \$	Rent/Mortgage: \$
Rental Income: \$	Other Morgage(s): \$
Spouse Income: \$	Living Expenses: \$
Notes:	
Assets	Liabilities
Home Value: \$	Home Mortgage Owing: \$
Other Property Value: \$	Other Mortgage(s): \$
Cash in Bank: \$	Credit Card(s) (Limits): \$
Motor Vehicle(s): \$	Overdraft (Limit): \$
Household Effects: \$	Other: \$
Other Assets: \$	
Details:	

Employment Details

Current Occupation:
Time: Years Months
Name of Employer:
Employer Address:
Suburb: State: Postcode:
Phone: ( )
If less than 5 years previous occupation:
Name of Employer:
Time in Occupation Time: Years Months
Ph: ( )
Applicant signature:
Date:

Commitments & References

Please advise of current vehicles & Personal Loans or Not applicable Tick <input type="checkbox"/>	
Loan Amount: \$	Loan Amount: \$
Repayments: \$	Repayments: \$
Term:	Term:
Bank:	Bank:
Loan for:	Loan for:
To be paid out: Yes <input type="checkbox"/> No <input type="checkbox"/>	To be paid out: Yes <input type="checkbox"/> No <input type="checkbox"/>
You bank with:	
Branch:	Account Type:
Landlord:	
Name:	
Address:	
Ph: ( )	

SECTION 4 - Goods to be Financed

Motor Vehicles / Equipment

Vehicle/Equipment Type: Car (Wagons, Sedans, SVU etc) <input type="checkbox"/> Truck <input type="checkbox"/>
Van <input type="checkbox"/> Utility <input type="checkbox"/> Equipment <input type="checkbox"/> Other <input type="checkbox"/>
Private Sale: Yes <input type="checkbox"/> No <input type="checkbox"/> New <input type="checkbox"/> Demo <input type="checkbox"/> Used <input type="checkbox"/>
Supplier / Vendor Details
Suppliers Name:
Contact:
Address:
Suburb: State: Postcode:
Ph: ( ) Mob:
Fax: ( )
Email:
Goods Description: If Vehicle - Truck or Bus
Year Manufactured: Make:
Model: Auto <input type="checkbox"/> Man <input type="checkbox"/>
Kms:

If Equipment	
Year: Make: Model:	
Addition Details:	
Finance Details	
Full Price of Goods: \$	
Deposit: \$	
Trade-In Value: \$	
Finance on Trade-In: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Payout on trade: \$ Valid: / /	
Trade financed with: Contract No:	
Equity on trade: \$	
To be used as a deposit: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total Amount to be Financed: \$	

SECTION 5 - It is important for the assessment of this application to obtain the following information:

Your business banks with: (Name of Bank)		Do you have an overdraft facility: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Limit: \$	Owing: \$				
Fixed Asset Finance Commitments (if applicable) Vehicles/Equipment Only					
Bank or Finance Co	Instalment (Monthly)	Goods	Commencement Date	Term (Months)	To be paid out?
1					Yes <input type="checkbox"/> No <input type="checkbox"/>
2					Yes <input type="checkbox"/> No <input type="checkbox"/>
3					Yes <input type="checkbox"/> No <input type="checkbox"/>
4					Yes <input type="checkbox"/> No <input type="checkbox"/>
Accountant 's Details: Firm's Name:					
Contact Person:	Ph: ( )	Email:			

SUBMIT