

EMAIL:money@spcfinance.com

PH:

APPLICANT:			ABN:						
				ACN:					
BUSINESS ADDRESS:							YEARS:		
POSTAL:							POSTCODE:		
PH (B):	(M):		(H)				FAX:		
OCCUPATION/TYPE OF BUS	SINESS:						NO. OF YEARS:		
DIRECTORS/PARTNERS	SNAME/S:								
SURNAME	GIVEN NAMES		DOB	HOMI	E ADDRESS			YEARS	
1.									
2.									
3.									
4.									
DRIVERS LICENCE: 1.		2.		3.			4.	•	
EXPIRY DATE:									
PREVIOUS ADDRESS:							YEARS:		
PREVIOUS OCCUPATION:							YEARS:		
DETAILS OF ADVANCE:	Facility:	MAN 🗌	AUTO 🗌	CYL. 4	6	8 🔲	DIESEL PE	TROL 🗌	
							COLOUR:		
GOODS:				=	KILOMETERS:				
CASH PRICE:	SUPPLIER:								
PLUS GST:	\$ \$		ADDRESS:						
				CONTACT: P					
TRADE: \$			TRADE DETAILS:						
LOAN AMOUNT:	\$		DELIVERY D						
				INSURANCE DETAILS:					
TERM:	INTEREST RATE:		REPAYMENT		ADVANC	E ARREAI	RS 🗌		
FINANCIAL INFORMATION	ON:		•					-	
BANK:					BRANCH:				
ACCOUNTANT:					CONTACT:				

ADDRESS:

APPLICATION FOR FINANCE REFERENCES: (Near	rest Relative. Perso	nal Refe	PAGE 2	rade References)		
NAME:		ADDRES		PH:	PH:	
NAME:		ADDRES	S:	PH:	PH:	
NAME:		ADDRES	S:	PH:	PH:	
NAME:		ADDRES	S:	PH:	PH:	
CREDIT HISTORY:						
COMPANY	ACCOUNT NO.	COMM. DATE	MONTHLY PAYMENT	GOODS		CURRENT/PIF
			\$			
			\$			
			\$			
			\$			
		1	<u> </u>			
BACKGROUND / GE	NERAL COMMENT	<u>S:</u>				