

**LEASE / ASSET PURCHASE
APPLICATION FORM**

**NORTH STATE FINANCE
LIMITED**

A.C.N. 003 959 126 A.B.N. 18 003 959 126
46 PARK AVENUE, COFFS HARBOUR NSW 2450
e.mail: nsfcoffs@nsf.com.au TELEPHONE (02) 6648 7500 - FACSIMILE (02) 66514079

1. PERSONAL DETAILS (Please print in capitals)				
A.C.N. NUMBER	COMPANY NAME		TRADING AS:	
REGISTERED & TRADING ADDRESS				
TELEPHONE	()		()	
	APPLICANT/GUARANTOR		APPLICANT/GUARANTOR	
SURNAME				
FIRST NAMES				
RESIDENTIAL ADDRESS				
TELEPHONE	()		()	
PERSONAL DETAILS	D.O.B.	D.L.	D.O.B.	D.L.
NATURE OF BUSINESS	ESTABLISHED	PERSON TO CONTACT	BANK/CREDIT UNION AND ADDRESS	
2. DETAILS OF EQUIPMENT				
DESCRIPTION				
INTENDED USE/INITIAL LOCATION				
3. TRANSACTION OUTLINE				
CASH PRICE	DEPOSIT	BALANCE	TERM OF HIRING	
REPAYMENT	SUPPLIER	INSURANCE CO.	ACCOUNTANT	
4. TRADE REFERENCES				
PREVIOUS LEASE AGREEMENTS				
PERSONAL REFERENCES				

4. CREDIT REFERENCES

CREDITOR		SECURITY	OPENED	OPENING BAL.
PHONE NUMBER	TERM	REPAYMENT	CURRENT BALANCE	CREDIT RATING
CREDITOR		SECURITY	OPENED	OPENING BAL.
PHONE NUMBER	TERM	REPAYMENT	CURRENT BALANCE	CREDIT RATING
CREDITOR		SECURITY	OPENED	OPENING BAL.
PHONE NUMBER	TERM	REPAYMENT	CURRENT BALANCE	CREDIT RATING
CREDITOR		SECURITY	OPENED	OPENING BAL.
PHONE NUMBER	TERM	REPAYMENT	CURRENT BALANCE	CREDIT RATING

OTHER INFORMATION

NET AMOUNT FINANCED		CONDITIONS OF APPROVAL	
RESIDUAL			
CHARGES			
TOTAL RENT			
TOTAL S/DUTY			
MONTHLY RENTALS			
RATE			
REVS CHECK			
OPERATOR NUMBER			
APPROVED BY	REJECTED BY		
		DATE:	