

COMMERCIAL APPLICATION
CREDIT CORPORATION
 (Companies Only)



Dealer _____ Branch _____
 Salesman _____ Phone Number _____

THE CLIENT

Client Name: _____						
Trading / As: _____				Postal Address: _____		
Industry: _____		Code: _____		Date Established: _____		
Phone contact: _____ (Office): _____ (Home): _____ (Mobile): _____						
Ownership - Directors Partners	Share - Holder Yes / No	Holding %	Position In Co.	G Tor Yes / No	Net Worth	Comments

THE PROPOSAL

<p>DESCRIPTION OF GOODS BEING PURCHASED</p> New / Second hand Year Make Model Engine SizeManual / Automatic Rego:Eng No Chassis No Color	<p align="center">FINANCE DETAILS</p> Cash Less Deposit (%) Cash K..... * Trade-in K..... Sub Total Registration Fee Insurance Stamp Duty SUB TOTAL Add Term Charges TOTAL PAYABLE Monthly Repayments Term (Months) Interest Rate (Flat / Simple)								
<p>DESCRIPTION OF GOODS TADED BY DEALER</p> Make Reg. No, Year Purchased from..... of Financed by of Purchased Date Account No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">VALUE</th> </tr> <tr> <td>Value of Goods K.....</td> <td> </td> </tr> <tr> <td>Less amt. owing K.....</td> <td> </td> </tr> <tr> <td>*Trade-in allowance K.....</td> <td> </td> </tr> </table>	VALUE		Value of Goods K.....		Less amt. owing K.....		*Trade-in allowance K.....	
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Indicate if traded in price to payout
OTHER CREDIT REFERENCES

Name	Trade Since	Month Amount	Current Balance	Comments

I/We hereby consent to the release of any information held by CCF to a Credit Bureau Agency and also authorise CCF to enquire with the Credit Bureau in relation to my credit facility.
 I/We hereby declare that the information in this application for finance is true and accurate and that Credit Corporation Finance Limited is authorised to carry out any investigations.

Signature: _____ Rubber Stamp: _____
 Dated at _____ this _____ day of _____ 200

BANK DETAILS

Bankers		A/c No
Report		

Current / Paid off amounts to Credit Corporation

Account Number	Date	Term	Month Pay't	Opening Balance	Number Paid	Goods	Rating

FINANCIAL DETAILS

Accountant	Contact
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Audited / Unaudited (unqualified or qualified) balance sheet of
 as at reveal:-

Date	/ /	/ /	/ /	/ /	/ /	/ /
Assets	K	K	Current K	K	Assets	
(less)			(less)			
Liabilities	K	K	Current K	K	Liabilities	

Surplus/ S.H.F	K	K	Working Capital K	K
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Details of Profit & Loss.	/ /	/ /	Proj.C/Flow	(delete if no applic.)
Turnover	K	K	T/ Over/ Inc.	K K
Gross Profit	K	K	Expenses	K K
Net Profit	K	K	This Payment	K K
Depreciation	K	K	Surplus	K K
Assets Reval	K	K		

IDENTIFICATION :

I.....have positively identified this / these applicant by sighting His/ Her/ Their:

Driving License
 Passport
 Work Permit

Other Describe..... Signed:

Note: All identification documents to be photocopied and attached to this file.