

Jim Lambrou – Director

Eleni Lambrou – Associate

National Crane & Access Finance For and on behalf of Garlon Pty Ltd ABN 50 312 117 673 P.O. Box 8006, North Road Vic 3187 Mob: 0413 022 604 (Jim)

Email: jim@craneaccessfinance.com.au eleni@craneacessfinance.com.au

APPLICATION FORMS

COMPANY NAME:	
ACN/ABN:	
TRADING NAME:	
TRUST NAME:	
TRUST ABN:	
BUSINESS ADDRESS:	
CONTACT NAME:	
CONTACT NUMBER:	
NATURE OF BUSINESS:	
YEAR ESTABLISHED:	
EMAIL:	

Bank:	Branch:	

сι	CURRENT FINANCE COMMITMENTS:									
	DATE	FINANCIER	GOODS	A/c No	TERM & PAYMENT	STATUS				
1										
2										
3										

*PLEASE PROVIDE A SPREADSHEET OF ALL CURRENT FINANCE COMMITMENTS IF CANNOT FIT IN ABOVE TABLE.

COMPANY ACCOUNTANT DETAILS:							
NAME:							
Address:							
CONTACT:		Telephone					

The information in this application and relating to this application has been provided by the applicant or his/her agent. We have not verified its authenticity nor formed any view of its content. Garlon Pty Ltd, its agents, employees and associated companies take no responsibility for any errors or omissions. The finance provider should make its own assessment of the financial condition and affairs of the borrower.

Please complete a copy for EACH Director/Guarantor

PERSONAL DETAILS

FULL NAME:									
(INCLUDING MIDDLE NAME)									
DOB:									
DRIVERS LICENCE NO:									
CONTACT NUMBER:	MOBILE -				LANDLI	NE -			
EMAIL:									
HOME ADDRESS:									
(AS ON DRIVERS LICENCE)									
TIME AT ADDRESS:									
PREVIOUS ADDRESS:									
(IF TIME AT CURRENT									
ADDRESS LESS THAN 3 YRS)									
PROPERTY STATUS:	OWNED	MORTGA	GE	REN	TING	PA	RENTS/		OTHER
(CIRCLE APPROPRIATE)	OUTRIGHT				FAMIL		AMILY		
PROPERTY IN NAME OFF:	YOUR NAME	SPO	DUSE N	IAME	JOINT NAM		VIES OTHER		OTHER
MORTGAGE/RENT/BOARD									
AMOUNT PER MONTH:			-						
STATUS:	MARRIED SIN			SIN	NGLE			DEFACTO	
DEPENDENTS:									

Please complete a copy for EACH Director/Guarantor

PERSONAL DETAILS

FULL NAME:									
(INCLUDING MIDDLE NAME)									
DOB:									
DRIVERS LICENCE NO:									
CONTACT NUMBER:	MOBILE -				LANDLI	NE -			
EMAIL:									
HOME ADDRESS:									
(AS ON DRIVERS LICENCE)									
TIME AT ADDRESS:									
PREVIOUS ADDRESS:									
(IF TIME AT CURRENT									
ADDRESS LESS THAN 3 YRS)									
PROPERTY STATUS:	OWNED	MORTGA	GE	REN	TING	PA	RENTS/		OTHER
(CIRCLE APPROPRIATE)	OUTRIGHT				FAMIL		AMILY		
PROPERTY IN NAME OFF:	YOUR NAME	SPO	DUSE N	IAME	JOINT NAM		VIES OTHER		OTHER
MORTGAGE/RENT/BOARD									
AMOUNT PER MONTH:			-						
STATUS:	MARRIED SIN			SIN	NGLE			DEFACTO	
DEPENDENTS:									