

SUITE 504, 365 LITTLE COLLINS STREET, MELBOURNE VIC 3000
PH: 1300 856 683 // FX: 03 8692 6780

QUICK APP FORM

REFERRER USE ONLY: (IF APPLICABLE)

Referrer Name:	Service Fee:
Phone Number:	Email:

BORROWER BUSINESS INFORMATION:

Business Name:	ACN / ABN:
Business Type: (please tick) Company Sole-Trader Partnership Trust	Principal Activities:
Registered Address:	Email:
Suburb: State: P/Code:	Business Phone:

DIRECTOR(S) / GUARANTOR(S) / BORROWER(S) / INDIVIDUAL APPLICANT(S) DETAILS:

Individual Applicant 1		Individual Applicant 2	
Given Name(s):		Given Name(s):	
Surname:		Surname:	
D.O.B:	Drivers Licence No.	D.O.B:	Drivers Licence No.
Residential Address:		Residential Address:	
Suburb:	State:	P/Code:	Suburb: State: P/Code:
Email:		Email:	
Home Phone:	Mob:	Home Phone:	Mob:

DETAILS OF LOAN PURPOSE (MUST BE COMPLETED IN FULL):

Amount Requested:	Term Requested (in months):
Funds Required by:	Exit Strategy:
Specific Loan Purpose:	Why is Bank Finance Not Available:

SELECT DESIRED PRODUCT(S):

Product	Interest Rates	Amounts	Tick Box
Registered 1 st Mortgage	from 9% per annum	\$100,000 - \$10,000,000	<input type="checkbox"/>
Registered 2 nd Mortgage	from 15% per annum	\$100,000 - \$2,000,000	<input type="checkbox"/>

REAL ESTATE ASSETS & LIABILITIES

REAL ESTATE DETAILS: (MUST BE COMPLETED IN FULL)

Property No.	Street Address	State	Suburb	Post Code	Type	Property Description					Value
						Land	Living	Beds	Bath	Other	
1.											
2.											
3.											
4.											
5.											

REAL ESTATE LIABILITIES: (MUST BE COMPLETED IN FULL)

Property No.	1st Mortgagee	Amount	Interest Rate	2nd Mortgagee	Amount	Interest Rate
1.						
2.						
3.						
4.						
5.						

ADDITIONAL NOTES: