

BUSINESS INFORMATION

BUSINESS DETAILS

Type of Entity: Company Sole Proprietor Partnership Other

Business/Trading Name: Legal Name:

ACN/ABN:

Street Address: Suburb / State / Postcode: / /

Mailing Address: Suburb / State / Postcode: / /

Business Start Date: Years in Industry:

Phone: Mobile:

Email: Website:

Contact Name: Products Sold:

OWNER/DIRECTOR

Owner#1 Full Name: <input type="text"/>	Owner#2 Full Name: <input type="text"/>
Business Ownership %: <input type="text"/>	Business Ownership %: <input type="text"/>
Home Address: <input type="text"/>	Home Address: <input type="text"/>
Suburb / State / Postcode: <input type="text"/> / <input type="text"/> / <input type="text"/>	Suburb / State / Postcode: <input type="text"/> / <input type="text"/> / <input type="text"/>
Years there: <input type="text"/>	Years there: <input type="text"/>
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Years there: <input type="text"/>	Years there: <input type="text"/>
Drivers Licence No: <input type="text"/> Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Drivers Licence No: <input type="text"/> Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
Mobile: <input type="text"/>	Mobile: <input type="text"/>

REFERENCES

Bank Name: <input type="text"/>	Branch: <input type="text"/>	Phone: <input type="text"/>	Name: <input type="text"/>
Trade#1: <input type="text"/>		Phone: <input type="text"/>	Name: <input type="text"/>
Trade#2: <input type="text"/>		Phone: <input type="text"/>	Name: <input type="text"/>
Personal: <input type="text"/>		Phone: <input type="text"/>	Name: <input type="text"/>

CARD PROCESSING INFORMATION

Visa/MC/EFTPOS Monthly Sales: Gross Annual Sales: (Previous Year Tax Return)

Total Monthly Sales: Seasonal business (Yes/No): List Peak Months:

Average Ticket \$: Current EFTPOS Processor: No. of Terminals:

QUESTIONS

Current Business & Owner Liabilities:

Product Type: e.g Loan Provided by: Balance:

Product Type: e.g Loan Provided by: Balance:

Any pending claims or outstanding ATO payments?
 Yes/No: Description: Balance:

PRE-APPROVED AMOUNT REQUIRED

Amount \$:

PROPOSED USE OF FUNDS

SIGNATURES

By signing this application, I/We certify the above information supplied is true and correct to the best of my/our knowledge and belief. Privacy Act 1988: The Applicant and each Owner named above hereby irrevocably authorises Prospa Advance Pty Ltd its servants and agents to make such enquiries as they deem necessary to investigate their credit worthiness from time to time, including the making of enquiries with persons nominated as trade references, the bankers of the Applicant, any credit provider or Credit Reporting Agency and including personal credit and consumer credit information and LandData/property inquiries and name searches (hereinafter called "the sources"). The Applicant and each Owner hereby authorises the sources to disclose to Prospa Advance Pty Ltd such information concerning the Applicant and each Owner which is within their possession. I/we further grant to any source from which Prospa Advance Pty Ltd has requested information about applicant(s), the authorisation to release such information to Prospa Advance Pty Ltd. The Applicant and each Owner agrees that the information provided in this application concerning the Applicant and each Owner and any relevant trading information arising from any dealings between Prospa Advance Pty Ltd and the Applicant and each Owner may be disclosed to a Credit Reporting Agency or any other interested person, subject to Prospa Advance Pty Ltd's Privacy Policy which can be obtained upon request. You authorise Prospa Advance Pty Ltd to complete any incomplete sections of this form verbally or via electronic communication with You.

SIGNATURE#1 <input type="text"/>	PRINT NAME <input type="text"/>	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
SIGNATURE#2 <input type="text"/>	PRINT NAME <input type="text"/>	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>