

Name of Organisation Company No.
 (If incorporated, the registered name of the organisation as recorded on the certificate of incorporation, or if unincorporated, the name used in the constitution or governing rules.)

The organisation is a (tick one)

Company Partnership Trust Other (specify)

Trading Address

Postal Address

Work

Fax

Mobile

Email

Nature of Business

Date Business Commenced

Bankers Branch

Solicitor's Contact

Accountant Contact

Insurers

Authorised and Paid Up Capital (Limited Liability Company) \$\$\$

Note
 For Limited Liability companies, guarantors will need to complete a personal application for credit. For Partnerships, each partner should complete a personal application for credit.
 For low deposit or no deposit recent financial statements should be attached to this application.

DIRECTORS / SHAREHOLDERS / PARTNERS DETAILS

1.	Title <input type="text"/> Marital Status * <input type="text"/>	2.	Title <input type="text"/> Marital Status * <input type="text"/>
First Name(s) *	<input type="text"/>	First Name(s) *	<input type="text"/>
Surname *	<input type="text"/>	Surname *	<input type="text"/>
Date of Birth * (DD/MM/YYYY)	<input type="text"/>	Date of Birth * (DD/MM/YYYY)	<input type="text"/>
Home phone *	<input type="text"/>	Home phone *	<input type="text"/>
3.	Title <input type="text"/> Marital Status * <input type="text"/>	4.	Title <input type="text"/> Marital Status * <input type="text"/>
First Name(s) *	<input type="text"/>	First Name(s) *	<input type="text"/>
Surname *	<input type="text"/>	Surname *	<input type="text"/>
Date of Birth * (DD/MM/YYYY)	<input type="text"/>	Date of Birth * (DD/MM/YYYY)	<input type="text"/>
Home phone *	<input type="text"/>	Home phone *	<input type="text"/>

REFERENCE(S)

Reference Name *

Reference Name *

Reference Phone No. *

Reference Phone No. *

Comments / Questions

When is the best time to contact you?

and by?

email

phone

writing

PRIVACY STATEMENT

* I/we authorise FHL to collect, retain and use personal information about me/us, for the purposes of assessing my/our credit worthiness

* Attending to the financing, whether directly or indirectly, of my/our contract(s) and enforcing FHL rights thereunder;

* Marketing and/or informing me/us about the goods and services provided by FHL and the Dealer.

* I/we authorise FHL to collect information from credit reporting agencies, credit providers, my/our employer(s), accountant(s), relatives, or other person(s) such personal, financial and commercial information about me/us for the said purposes.

* I/we authorise FHL to provide this information:

- * To any person for the foregoing purposes
- * To employees and agents of FHL, the Dealer and any other person, in any ordinary course of business, for any of the foregoing purposes;
- * To credit agencies for the purpose of maintaining proper or effective records.

* I/we acknowledge that if I / we do not provide all or any part of the information requested on this application form, my / our application for finance may be declined. I/we further acknowledge that, pursuant to the Privacy Act 1993, I/we have a right of access to information collected by FHL about me/us and to request that this information be corrected. The information will be held at the office of FHL House, 17 Kalmia Street, Ellerslie, Auckland.

*FHL, means Financial Holdings Limited

[Please read the Terms and Conditions.](#)

[Please read the Privacy Statement.](#)

AUTHORISED PERSON

I have read and accept the Terms and Conditions and I agree with the Privacy Statement within this website. I/We warrant that the information provided in this application is true and correct.

* (please tick)

Full Name(s) *

Full Name(s) *

Signature *

Signature *