

# DEALER INFORMATION FORM

## YOUR PREMISES

SHOP FRONT   
 OFFICE   
 HOME OFFICE

## DEALER TYPE

RETAIL   
 CORPORATE   
 CONSULTANT

## YOUR MARKET

PC DEALER   
 MAC DEALER   
 MAC/ PC DEALER   
 INTERNET ORDERING

## BUSINESS DETAILS

TRADING NAME: \_\_\_\_\_ TRADING FOR: \_\_\_\_\_  
(In Years)

PHYSICAL ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_ CITY: \_\_\_\_\_

COMPANY NUMBER: \_\_\_\_\_ WORK PHONE No: ( 0 ) \_\_\_\_\_ WORK FAX No: ( 0 ) \_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_ MAIN E-MAIL ADDRESS: \_\_\_\_\_

## STAFF DETAILS

NAME: \_\_\_\_\_ MOBILE: (02 ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ MOBILE: (02 ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ MOBILE: (02 ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## TRADE REFERENCES (Computer Wholesale Companies)

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_ PHONE No: ( 0 ) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_ PHONE No: ( 0 ) \_\_\_\_\_

## PERSONAL DETAILS (Director / Proprietor)

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: ( / / ) \_\_\_\_\_

HOME PHONE No: ( 0 ) \_\_\_\_\_ HOME MOBILE No: (02 ) \_\_\_\_\_ HOME E-MAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_ CITY: \_\_\_\_\_ TIME THERE: \_\_\_\_\_  
(In Years)

PREVIOUS ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_ CITY: \_\_\_\_\_ TIME THERE: \_\_\_\_\_  
(In Years)

I/We hereby authorise any person or company to provide you or the Finance Company with such information as you may require in response to your inquires associated with this application. I/We also further authorise you to furnish to any third party or parties details of this application and any subsequent dealings that I/we may have with you as a result of this application being actioned by you. I/ we hereby declare that the information provided is true and correct and that I/we are not an undischarged bankrupt. I/we agree that the financier may nominate the insurer.

**SIGN HERE:** \_\_\_\_\_ TODAYS DATE: ( / / ) \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

FOR ASSISTANCE CALL (09) 410 5554

## BANK DETAILS (so we can pay you quickly)

BANK: \_\_\_\_\_

BRANCH: \_\_\_\_\_

BRANCH CITY: \_\_\_\_\_

BANK ACCOUNT NAME: \_\_\_\_\_

BANK ACCOUNT NUMBER:

Fax this filled out form to (09) 410 6786

You will be contacted by phone when your Company / Business is setup and ready to process

HOW DID YOU HEAR ABOUT CREDIT CAPABLE?: Other Credit Capable dealers   
 Trade and Exchange   
 New Zealand Herald   
 Wholesale Company   
 Other.....

HAVE YOU PREVIOUSLY / ARE YOU USING OTHER FINANCE COMPANIES ? : Yes  No

IF SO WHICH COMPANY/ COMPANIES?:.....



**Credit Capable**  
Finance made EASY  
 Ph (09) 4105554