

FRANCHISE RENTAL APPLICATION



Franchise / Brand / Licensor Name:

14 Finchley Street, Milton, QLD 4064 • P.O. Box 1760, Milton BC, QLD 4064
Toll Free Phone: 1800 337 153 • Toll Free Fax: 1800 884 431 • ABN: 33 112 241 522
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hospitality equipment funding
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Applicant 1: Personal Details

First Name:		
Surname:		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Driver's Licence No:	Issuing State:	
Mobile:		
Current Home Address:		
City:	State:	Postcode:
Years:	Telephone (Home):	
<input type="checkbox"/> Owner	Value: \$	Mortgage: \$
<input type="checkbox"/> Renting	Monthly Rent: \$	
Previous Home Address (if less than 12 months):		
State:	Postcode:	Years:
SECURITY QUESTION: Required for identification purposes. Please choose one of the following.		
1) Mother's Maiden Name:		
2) Name of Your Pet:		
3) Name of Place You Were Born:		

Applicant 2: Personal Details

First Name:		
Surname:		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Driver's Licence No:	Issuing State:	
Mobile:		
Current Home Address:		
City:	State:	Postcode:
Years:	Telephone (Home):	
<input type="checkbox"/> Owner	Value: \$	Mortgage: \$
<input type="checkbox"/> Renting	Monthly Rent: \$	
Previous Home Address (if less than 12 months):		
State:	Postcode:	Years:
SECURITY QUESTION: Required for identification purposes. Please choose one of the following.		
1) Mother's Maiden Name:		
2) Name of Your Pet:		
3) Name of Place You Were Born:		

Amount Required

\$

Business Details

Reg. Co. Name:		
<input type="checkbox"/> Pty Ltd	<input type="checkbox"/> Limited	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Other
Trading Name:		
ABN:	ACN:	
Business Address:		
City:	State:	Postcode:
Telephone:		
Facsimile:		
Mobile:		
Email:		

Business Trading History

Is this a new business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, how many years has the business been trading?		

Details Of Business Premises

<input type="checkbox"/> Owner	Value: \$	Mortgage: \$
<input type="checkbox"/> Renting	Monthly Base Rent (excluding GST): \$	
Monthly Outgoings (excluding GST):		
Lease Commencement Date:	Lease Expiry Date:	
Landlord Company Name:		
Landlord Contact:	Telephone:	

Statement By Applicant(s) For Credit

Please read carefully before accepting. Where more than one applicant, each applicant must accept.

- Giving information to a Credit Reporting Agency (Section 18E(8)(c) Privacy Act 1988) Silver Chef Rental Pty Ltd has informed me/us that it may give certain personal information about me/us to a Credit Reporting Agency.
- Agreement that Silver Chef Rental Pty Ltd may seek Consumer Credit information (Section 18K(1)(b), Privacy Act 1988) If Silver Chef Rental Pty Ltd considers it relevant to assessing my/our application for commercial credit, I/we agree to Silver Chef Rental Pty Ltd obtaining from a credit reporting agency a credit report containing personal credit information about me/us in relation to commercial credit provided by Silver Chef Rental Pty Ltd.

Notice of disclosure of your credit information to a credit reporting agency. Under Section 18E(8)(c) of the Privacy Act, Silver Chef Rental Pty Ltd is allowed to give a credit reporting agency, personal information about your credit application. The information which may be given to an agency is covered by Section 18E(1) of the Act and includes:

- Identity particulars
- The fact that you have applied for credit and the amount
- The fact that Silver Chef Rental Pty Ltd is a credit provider to you
- Payments which become overdue more than 60 days and for which collection has commenced
- Advice that payments are no longer overdue
- Cheques drawn by you which have been dishonoured more than once.

You hereby certify that the information you have provided is true and correct and you acknowledge that we are relying upon such information to assess this application

Name:	
<input type="checkbox"/> I have read, understood and accepted the conditions above.	
Sign:	Date:
Name:	
<input type="checkbox"/> I have read, understood and accepted the conditions above.	
Sign:	Date:

PLEASE EMAIL, FAX OR PHONE YOUR APPLICATION TO THE CONTACT DETAILS AT THE TOP OF THIS FORM