

Application for Finance

Application No:					

retailer@financenow.co.nz Fax: 0800 329 365

APPLICANT 1				APPLICANT 2					
EXISTING CUSTOMER: YES NO		IF YES CO	OMPLETE FORM ON REVERSE	GUARANTOR CO-BORROWER					
1. NAME				1. NAME					
Surname			DOB / /	Surname			DOB / /		
First Name(s)	☐ Male	First Name(s)			☐ Male ☐ Female				
No. of dependants	NZ Resident (Permanent)	Single Divorced/Separated NZ Resident (Permanent)							
2. ADDRESS	Yes No	No. of dependants Married Widowed Yes No 2. ADDRESS Tick if same as Applicant 1							
No. & Street		No. & Street							
Suburb									
	Doorder 🗀	City	ats/Polatives	Suburb City					
How long at this address? Yrs Mths If less than 2 years	Rent/Mortgage (circle) \$ per wk/mth	Mortgage ☐ Freehold ☐ Renting ☐ Boarder ☐ Living with Parents/Relatives How long at this address? Yrs Mths How long at previous address? Yrs Mths Rent/Mortgage (circle) Yrs Mths per wk/mth							
3. CONTACT	Yrs	Mths	, , , , , , , , , , , , , , , , , , ,	3. CONTACT					
	Work ph ()		Home ph () Work ph ()					
*	Email	-		Mobile () Email					
4. EMPLOYMENT	LIIIaii			4. EMPLOYMENT	Lilia	"			
Company Name				Company Name					
							0:		
Suburb		City		Suburb			City		
How long at job? Yrs Mths	If less than 2 years	How long	g at previous job? Mths	How long at job? Yrs Mths		less than years	How long at previous job? Yrs Mths		
5. WORK TYPE – TICK ONE			LOYED – ACCOUNTANT NAME	5. WORK TYPE – TICK ONE			6. IF SELF EMPLOYED – ACCOUNTANT NAME		
Trade/Construction Driver		O. II SELI LIVII	EUTED - ACCOUNTANT NAME		Driver		O. II SEEL EIVITEOTED - ACCOUNTAINT NAIVIE		
Factory Labourer	l	Accountant pho	one number	☐ Factory [Labourer	_ 	Accountant phone number		
■ Beneficiary/Student ■ Office Staff		()		☐ Beneficiary/Student ☐ Office Staff			()		
Sales/Service Professional		7. INCOME			Professional		7. INCOME		
☐ Manager ☐ Executive/Di		Full time Casual	☐ Part time/Beneficiary ☐ Seasonal				☐ Full time ☐ Part time/Beneficiary ☐ Casual ☐ Seasonal		
		Take home pay	_		Defence/Police Retired		Take home pay after tax		
	beience/Police Retired \$		rtnightly Monthly Annually	Home duties Self employed			\$Weekly		
8. PRIVATE MOTOR VEHICLE 9. CREDIT CAR			RD	8. PRIVATE MOTOR VEHICLE			9. CREDIT CARD		
First car Visa			Mastercard	First car			☐ Visa ☐ Mastercard		
Rego Year Amex Second car			L Diners	Rego Year Second car			☐ Amex ☐ Diners ☐ Store card (list below)		
Second car Store card Rego Year			(list oclow)	Rego Year					
10. TWO NEXT OF KIN (Not living with you. Must be at different addresses in New Zealand)									
First Name	New Zealand,	First Name Surname							
Mobile ()		Ph ()		Mobile () Ph ()					
11. PAYMENT METHOD			> > > > > > >	> > Direct Debit II	nternet/Tele Bankin	g 🔲 Othe	r (must specify)		
	 unt number		Suffix	Pref. Pay Day		_ Frequ	ency: Weekly Fortnightly Monthly		
12. IDENTIFICATION AND PRIVACY ACKNO						declara	tions on the reverse of this form.		
Signature	read, run,		Date / /	Signature	t and rai tirei	ucciara	Date / /		
NZ Drivers Licence NZ/AUS Pass	rearms Licence	Credit Card	□ NZ Drivers Licence □ NZ/AUS Passport □ Firearms Licence □ Credit Card						
DL Version (5b)		DL Version (5b) D Number							
O/seas Passport country O/seas PP Visa Type	piry		O/seas Passport country ID Expiry O/seas PP Visa Type Work Resident Visa Expiry						
13. RETAILER SECTION Dealers/Vendors/Introducers Confirmation I confirm that I have personally sighted the o I further confirm that where the applicant(s)	of Applicants	Identification: ation recorded a		Salespe	erson Name: erson Signature:				
Retailer Name			Price \$	Goods Fir	Goods Financed Description				
Retailer Code			Deposit \$		_				
Salesperson POS Reward No		Loan Amount \$	Fire ID of Torr			tted (if applicable must be completed)			
FNL Product Code Int Rate % pa Ins	urance Yes		TermInt Free/Def Term Booking Fee \$			MakeModel			



APPLICANT 1		APPLICANT 2					
1. NAME		1. NAME		7			
Surname DOB	1 1	Surname		DOB /	I		
First Names	☐ Male ☐ Female	First Names			Male Female		
2. ADDRESS		2. ADDRESS					
No. & Street		No. & Street					
Suburb City		Suburb	City				
3. TWO NEXT OF KIN (Not living with you. Must be at different addresses in New Zealan	nd)						
First Name Surname		First Name	Surname				
Mobile () Phone ()		Mobile ()	Phone ()			
4. PRIVACY CONSENT & ACKNOWLEDGEMENT To Finance Now Limited ("FNL"), 81 Yarrow Street, Invercargill.							
Declaration I/we agree that if this application is accepted by Finance Now Limited "FNL", the by the Terms and Conditions contained in the relevant Credit Sale Agreement of Loan agreement. I/we have read and understood the particulars which have been application form and declare that they are true and complete and have been merently to determine whether or not to provide finance.	r Secured/Unsecured en completed in this	parent company, Sout 4. Collecting, compiling a about my/our credit his	rity and effectiveness of FNL's credit recorhland Building Society ("SBS Bank") and tond/or reviewing information, including both story such as information about my/our crecestervices provided by the FNL and its assignance.	those of credit reporting positive and negative in dit repayment record;	g agencies nformation		
I/we have read and understood the Privacy Acknowledgement on this form and policy booklet(s) if I have applied for insurance. Any sales voucher or Credit Con us shall have no effect unless and until FNL has approved this application and t into existence. This offer may be accepted by FNL communicating such acceptan verbally or in writing and either directly or through a representative. Where the it shall be sufficient acceptance of this offer if FNL communicates its acceptance	ntract signed by me/ the facility has come nce to me/us either tre are two applicants,	I/we irrevocably authorise FNL for any and all of the foregoing purposes: 1. To obtain information that is reasonably required concerning me/us from any source including, but not limited to, credit reporting agencies, employers, past and current credit providers. You hereby permit all of these parties to provide such information to FNL; 2. To collect, retain and use the Information, including for the purpose of e-mail and eMoney services, and other electronic or social media marketing or communication services between					
Insurance: Where a contract for insurance is entered into with any insurer ("the Insurer") a in conjunction with the credit facilities to which this application relates or when a contract of insurance is financed by FNL: This application constitutes all or pa for such insurance. The contract for such insurance shall be in the Insurer's curra copy of which can be obtained from FNL on request. If I/we default on any pa the credit facilities to which this application relates, FNL may, at its entire discrete after my/our default: (1) terminate my/our cover under the relevant insurance, the insurance policy is terminated, request that the Insurer pay any proportional premium under the insurance contract which is due to me, to FNL and authorise refund towards my/our default. I/we authorise the disclosure of personal inform other party regarding: (1) my/our previous insurances of whatever kind and all such insurances; or (2) any matter that the Insurer may reasonably regard as relinsurance or any claim made there under.	re the premium for rt of the proposal rent standard form, ryment due under etion and at any time policy; and (2) where ate rebate of the se FNL to apply such nation held by any previous claims under	 me/us and FNL and/or its assigns or related companies used in connection with the purposes outlined above; To provide the Information to brokers, credit reporting agencies and insurers providing insurance services incidental to my/our contract(s); In the event that this application is declined, to disclose the reasons for the decline to the Dealer, Vendor, Introducer or Broker, as the case may be; In the event of my/our default, to provide the Information (together with details of the my/our dealings with FNL) to credit reporting agencies, SBS Bank and to any person providing services to FNL in connection with my/our contract(s). Provision of Additional Services I/we understand and authorise that from time to time FNL may disclose my/our personal information or disclose my/our name, address and phone number to another agency, approved by FNL, for the purpose of market research and/or offering additional credit facilities. If you do not 					
Privacy Act Acknowledgement - Privacy Act 1993 Where this application has been completed by a Dealer, Vendor, Introducer or Bi the Dealer, Vendor, Introducer or Broker to refer this application to FNL and its a providers.		want to receive these additional products and services please indicate in the box provided. I do not. The information shall be held by FNL at the business address(es) of FNL and by other persons for the purposes described above. Where the Information can be readily retrieved, you shall have access to					
I/we acknowledge that the information herein contained and/or obtained and/or obtained through the administration of my/our contract ("the Info used for the purpose of:		it, the right to request cor	rection and the right to be notified of act nt of any reasonable charges.				
Assessing my/our current and on-going credit worthiness;							
2. Administering, financing, insuring and enforcing my our contract(s);							
5. ACCOUNT DETAILS							
Bank Branch Account number Suffix							
6. IDENTIFICATION AND PRIVACY ACKNOWLEDGEMENT SECTION Signature Declaration; I have read, fully understood an	nd agree with the	e Privacy Acknowled	ument and declarations on t	his form.			
Signature		Signature	<u></u>	Date /	1		
NZ Drivers Licence	dit Card			Credit Card			
DL Version (5b) ID Number		DL Version (5b)					
O/seas Passport country ID Expiry		0/seas Passport countr					
O/seas PP Visa Type Work Resident Visa Expiry			ork Resident Visa Expiry				
7. RETAILER SECTION A A A Remember to sight original Dealers/Vendors/Introducers Confirmation of Applicants Identification: I confirm that I have personally sighted the original identification recorded above and very Interpretation of the properties of the proper	erified for EACH applicant.	Salespo	erson Name:erson Signature:				
Retailer Name Price \$ _			Goods Financed Description				
	nount \$		Vehicle Accessories fitted (if applica				
		ee/Def Term		Model			
Int Rate% pa Insurance Yes No Booking	Fee \$		Rego No				