

GILROSE FINANCE COMPANY LIMITED

76 Paul Matthews Road, Albany, Auckland 0632
 PO Box 303018, North Harbour, Auckland 0751
 Telephone (09) 478-7790 Facsimile (09) 920-4601

PERSONAL APPLICATION FOR CREDIT

Dealer Name: Heat Pump Services Ltd

Telephone: 0508 247 266

Facsimile:

COMPLETE FORM IN BLOCK LETTERS

DESCRIPTION OF GOODS:	VALUE OF GOODS: (INCL gst) \$		
	DEPOSIT: \$		
	TERM: 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 36 <input type="checkbox"/> MONTHS		
	PAYMENT FREQUENCY: WEEKLY: <input type="checkbox"/> FORTNIGHTLY: <input type="checkbox"/> MONTHLY: <input type="checkbox"/>		
	INTEREST FREE:	MTHS:	DEFERRED TERM: MTHS:
GIVEN NAMES: (PLEASE PRINT CLEARLY)		SURNAME: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	
ARE YOU A NZ CITIZEN:	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO PLEASE STATE CITIZENSHIP:	
PERMANENT RESIDENT:	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE OF BIRTH: / /	
CURRENT ADDRESS:	HOW LONG:	YRS	MTHS
SUBURB:	TOWN / CITY:	PO BOX NUMBER:	
EMAIL:	HOME PHONE NO:	WORK PHONE NO:	MOBILE PHONE NO:
DO YOU HAVE HOME CONTENTS INSURANCE: YES <input type="checkbox"/> NO <input type="checkbox"/>			
PREVIOUS ADDRESS: (IF AT CURRENT LESS THAN 2 YEARS)			
OCCUPATION:		EMPLOYER'S NAME:	
HOW LONG: (AT CURRENT EMPLOYMENT)	YRS	MTHS	FULL TIME: YES <input type="checkbox"/> NO <input type="checkbox"/> IMMEDIATE SUPERIOR:
PREVIOUS EMPLOYER: (IF AT CURRENT LESS THAN 2 YEARS)		TIME THERE:	PHONE:
NEXT OF KIN NAME AND ADDRESS: (NOT LIVING AT SAME ADDRESS)		PHONE:	
MARRIED: <input type="checkbox"/>	SINGLE: <input type="checkbox"/>	DE FACTO: <input type="checkbox"/>	NAME OF SPOUSE:
SPOUSE'S DATE OF BIRTH: / /		SPOUSE'S OCCUPATION:	NUMBER OF DEPENDANTS:
PERSONAL WEEKLY INCOME (BEFORE TAX - APPLICANT ONLY):			
\$200 - \$299 <input type="checkbox"/> \$300 - \$399 <input type="checkbox"/> \$400 - \$599 <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/>			
\$800 - \$1199 <input type="checkbox"/> \$1200+ <input type="checkbox"/>			
HOMEOWNER: YES <input type="checkbox"/> NO <input type="checkbox"/>	VALUE OF HOME (APPROX.) \$		BALANCE OF MORTGAGE (APPROX.) \$
CREDIT REFERENCE - LOANS OUTSTANDING: (\$ Approximations Only)			
NAME OF COMPANY:	Original Balance:	Balance Owing:	Monthly Payments:
PERSONAL ID: IF PHOTO ID ONLY 1 ID REQUIRED, OTHERWISE 2 ID'S ARE REQUIRED:			
Personal ID Sighted by (STAFF MEMBER PLEASE PRINT NAME FOR IN STORE APPLICATIONS ONLY):			
Driver's Licence Number:	Amex, Diners, Bankcard, Mastercard, Visa Number:		
Passport Number:	Other:		
Motor Vehicle Model:	Year:	Registration Number:	
PRIVACY ACT:			
I/We hereby authorise any person or company to provide you or Gilrose Finance Co Limited with such information as you may require in response to your enquiries 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 at its discretion.			
SIGNATURE:			DATE: