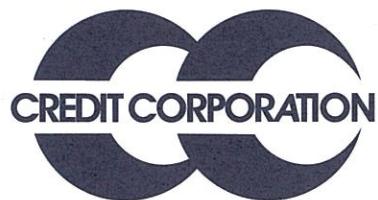


CREDIT CORPORATION

(NON COMMERCIAL APPLICATION)



Dealer _____
Salesman _____

Application No. _____
Phone Number _____

NAME	Trading As:
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RESIDENTIAL ADDRESS	PERIOD
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PREVIOUS ADDRESS	PERIOD
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POSTAL ADDRESS	
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Age _____ (DOB) _____	Married / Single _____	Dependents (No. & Ages) _____
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Occupation _____		
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Employer _____	Of _____	Period _____
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Previous Employer _____	Of _____	Period _____
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Nett Monthly Income _____	Business No. _____	Mobile No. _____
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Spouse's Name _____	DOB: / /	Occupation: _____
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Spouse's Employer _____	Period _____	Nett Monthly Income _____
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Home Phone: _____	Mobile No: _____	Business No: _____
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Housing Details: _____		
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Own Home Value: _____	Mortgage with: _____	Amount: _____	Mthly Pmt: _____
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Renting Flat/House - Boarding/Living with Parents/Relatives (Cross out whichever not applicable)			
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Name and address of Landlord: _____	Mthly Rental: _____
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Bank Account Trading/Savings with _____	Branch _____
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Account Style _____	Account Number _____
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DESCRIPTION OF GOODS BEING PURCHASED	Cash Price _____
New/Second Hand _____ Year _____	Less Deposit (%) _____
Make _____ Sedan/S. Wagon	Cash _____
Model: _____	Trade-In _____
Engine Size _____ Manual / Automatic	Sub Total _____
Reg. No. _____ Extras _____	Establishment Fee _____

DESCRIPTION OF GOODS TRADED BY DEALER	Insurance _____
Make: _____ Reg. No. _____	Stamp Duty _____
Purchased from _____	SUB TOTAL _____
Financed By _____	Add Term Charges _____
of _____	TOTAL PAYABLE _____
Purchased Date _____	Monthly Repayment _____

TERM: _____ RATE: _____ (FLAT / SIMPLE: _____)	
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Have you ever had legal proceedings against you for the recovery of a debt.....

If so, Details.....

Have you ever been adjudged a bankrupt or had bankruptcy proceedings against you.....

If so, Details.....

The failure to answer any questions correctly, or if false information is given will render any Finance Contract Agreement void and immediately require the return repossession of any assets financed by CCF

If this application is in joint name, both parties must sign.

I / We hereby consent to the release of any information held by CCF to a Credit Bureau Agency and also authorise CCF to enquire with the Credit Bureau in relation to my credit facility.

I / We hereby declare that the information in this application for finance is true and accurate and that CCF is authorised to carry out any investigations as they see fit

Signature:.....

Dated at..... this..... day of 20.....

CREDIT REPORTS Current /Paid Off Amounts with Credit Corporation (Attach List)

Account Number	Date	Term	Monthly PMT	Opening Balance	Number Paid	Goods	Rating

Finance Co. Experience Other than CCF	Branch	Goods	A/C No.	Payment

PERSONAL REFERENCE

Name: _____

Address: _____ Phone No: _____

Name: _____

Address: _____ Phone No: _____

Name: _____

Address: _____ Phone No: _____

Name one relative not living with customer: _____

Relationship: _____ Occupation: _____

Address: _____ Phone No: _____

Security Details of Current Accounts:

Existing _____

Inspected: YES NO

Proposed: _____

EXPOSURE (000's)

Current : _____

This Proposal: _____

Others: _____

Total Exposure: _____

Security Values _____

Recommended by: _____ Date _____

COMMENTS:

CONDITIONS OF APPROVAL

Approved by (Signature required)	Comments (if any)
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Position:	
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Date	
------	--

NAME: Husband _____ Wife _____		Do you have any dependant children	
		Name: _____	Age _____
		Name: _____	Age _____
		Name: _____	Age _____
EMPLOYER Husband _____ Wife _____ <u>Last Three Jobs</u>			
Husband	From _____	To _____	
	From _____	To _____	
	From _____	To _____	
Wife	From _____	To _____	
	From _____	To _____	
	From _____	To _____	
Salary	Monthly Net Earnings (CCF use)		
Husband			
Wife			
Other Income			
Total Monthly Earnings			
Less Monthly Living Costs:			
Rent			
Electricity			
Telephone			
Water			
Housekeeping			
School Fees			
Travelling / Petrol / Bus			
Entertainment / Videos			
Hire Purchase			
Courts			
Homecentres			
Credit Cards			
Other Hire Purchase			
Life Insurance			
Home Finance			
Other Loan Payments			
Any Other monthly costs (List)			
Surplus Funds			
Less New CCF Payment			
Surplus available			
Net Weekly			
Income / Debt Ratio			
Identification			
I..... (Print Name) ... have positively identified this / these applicants by sighting his / her / their:			
<input type="checkbox"/>	Driving License	<input type="checkbox"/>	Passport
<input type="checkbox"/>	Work Permit		
<input type="checkbox"/>	Other Describe.....		
All identification documents to be photocopied and attached to this file.			
Signed.....			

OFFICE USE ONLY

AMOUNT FINANCED: K

BALLOON/RESIDUAL: K

INTEREST RATE:% Simple / Flat TERM: Months

REPAYMENTS: Kp/m + GST: K.....

TOTAL PAYABLE: Kp/m

Amount Financed: K

Less RV / Balloon K

Total Principle K

+ Interest on Principle K

+ Interest on RV / Balloon K

TOTAL K

Plus RV / Balloon K

TOTAL PAYABLE K

Monthly Payment: K

GST (if applicable): K

Stamp Duty (if applicable): K

Insurance / Other: K

Search Fee - A.C. Fox K

- C.D.B K

Establishment Fee: K (inc. K20.00 bank fee)

Total of First Payment: K

Worked by: Checked by:.....

INSURANCE DETAILS: (Ensure Credit Corporation is noted on the policy as an interested party)

Company: Amount of Cover: K

Policy Number: Expiry Date: