

# Application for Finance

Date:            /            /2024

Full customer name: \_\_\_\_\_

email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Customer address: \_\_\_\_\_

If less than 3 years address: \_\_\_\_\_

Stop the Electric Silent Killer is proud to partner with **SSG Partners Pty Ltd T/as motorlend, credit representative 518857 with Australian Credit Licence 389328.**

### General questions for finance application

Please fill and tick the relevant boxes as applicable:

Drivers Licence Number: \_\_\_\_\_

Employment:        Fulltime Permanent  Years \_\_\_\_\_ Months \_\_\_\_\_

Part Time Permanent  Years \_\_\_\_\_ Months \_\_\_\_\_

Casual  Years \_\_\_\_\_ Months \_\_\_\_\_

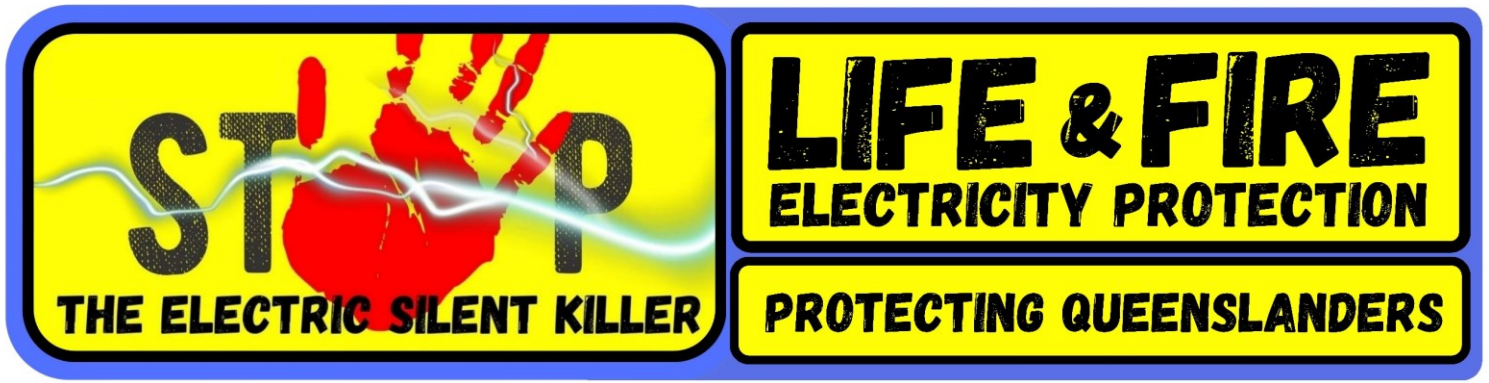
Employer details:    Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your residential status:

Homeowner  Bank Home loan provider (if applicable) \_\_\_\_\_

Renting



**Credit Cards or other loans:**

Name: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Balance: \_\_\_\_\_

Name: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Balance: \_\_\_\_\_

Name: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Balance: \_\_\_\_\_

Name: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Balance: \_\_\_\_\_

**Describe products and services applying for finance:**

Life & Fire Protection Package with 2 years warranty

Life & Fire Protection Package with 15 years warranty

Life Only with Independent Circuits with 2 years warranty

Life Only with Independent Circuits with 15 years warranty

Life Only with Shared Circuits with 2 years warranty

Life Only with Shared Circuits with 15 years warranty

Amount applying for: \_\_\_\_\_

Any deposit payment to be made: \_\_\_\_\_



**Acknowledgement and confirmation statement:**

Stop the Electric Silent Killer with ABN32657629233 and Electrical Contracting Licence 92185 is providing the products and services as per the sales order. SSG Partners Pty Ltd T/as motorlend, credit representative 518857 with Australian Credit Licence 389328 is providing the finance process.

By signing this form, you agree to have a credit check, to be contacted by SSG Partners Pty Ltd T/as motorlend and accept the acknowledgement and confirmation statement.

**Customer Name applicant 1:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Customer Name applicant 2:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to: **clem@electricsilentkiller.com**

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**Administration only**

**Office Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received Date:** \_\_\_\_\_ **Form sent date:** \_\_\_\_\_

**Response from finance:**

Approved

More Information Requested

Declined

**Finance comments:**

\_\_\_\_\_