

# Vehicle Finance Application Form

## Mainland Finance

0800466246

PO Box 82195

Highland Park, 2143



### Personal Details: Applicant 1

Salutation	Miss <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>
First Name	<hr/>			
Last Name	<hr/>			
Date of Birth	<hr/>			
Current Address	<hr/>		Years	Months
Previous Address	<hr/>		Years	Months
Number of Dependents	Ages of Dependents			
Driver's License	Version Number		Expiry	
Mobile	<hr/>			
Email	<hr/>			
Current Occupation	<hr/>		Years	Months
Employer	<hr/>			
Previous Occupation	<hr/>		Years	Months
Employer	<hr/>			

### Personal Details: Applicant 2

**NOT APPLICABLE**

Salutation	Miss <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>
First Name	<hr/>			
Last Name	<hr/>			
Date of Birth	<hr/>			
Current Address	<hr/>		Years	Months
Previous Address	<hr/>		Years	Months
Number of Dependents	Ages of Dependents			
Driver's License	Version Number		Expiry	
Mobile	<hr/>			
Email	<hr/>			
Current Occupation	<hr/>		Years	Months
Employer	<hr/>			
Previous Occupation	<hr/>		Years	Months
Employer	<hr/>			

## Financial Information: Applicant 1

Asset	Approx. Value
Property	\$
Vehicles	\$
Savings	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

Income	Amount	Frequency
Wages/Salary	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Benefit	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Working for family's tax credits	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Other	\$	Please specify source:
<b>TOTAL INCOME</b>	<b>\$</b>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>

Outgoings	Repayment Amount	Frequency
Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Board <input type="checkbox"/>	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Credit cards	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Other loans	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
<b>TOTAL OUTGOINGS</b>	<b>\$</b>	

Buy now pay later	Repayment amount	Balance to repay	Repayment end date
After pay	\$	\$	
Layby	\$	\$	
Zip	\$	\$	
Humm	\$	\$	
Other	\$	\$	

Asset	Approx. Value
Property	\$
Vehicles	\$
Savings	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

Income	Amount	Frequency
Wages/Salary	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Benefit	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Working for family's tax credits	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Other	\$	Please specify source:
<b>TOTAL INCOME</b>	<b>\$</b>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>

Outgoings	Repayment Amount	Frequency
Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Board <input type="checkbox"/>	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Credit cards	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Other loans	\$	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
<b>TOTAL OUTGOINGS</b>	<b>\$</b>	

Buy now pay later	Repayment amount	Balance to repay	Repayment end date
After pay	\$	\$	
Layby	\$	\$	
Zip	\$	\$	
Humm	\$	\$	
Other	\$	\$	

