GILROSE FINANCE COMPANY LIMITED

Box 303018, North Harbour, Auckland 0751 www.gilrose.co.nz
T:(09) 478-7790 F:(09) 920-4601 E: info@gilrose.co.nz

APPLICATION FOR CREDIT

Store Name: Topp Service West Coast Ltd

Telephone: 03 768 6912 **Facsimile:** 03 768 6995

BOOKING FEE: $50.00	**CREDIT CHECK FEE:** $4.40	**MONTHLY ACCOUNT KEEPING FEE:** $2.75

DESCRIPTION OF GOODS:

VALUE OF GOODS: $ DEPOSIT: $

REPAYMENT TERM: 6 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 36 ☐ MONTHS INTEREST FREE: YES ☐ NO ☐ TERM: MONTHS

REPAYMENT FREQUENCY: WEEKLY ☐ FORTNIGHTLY ☐ MONTHLY ☐ DEFERRED: YES ☐ NO ☐ TERM: MONTHS

Applicant 1

GIVEN NAMES: SURNAME:

DATE OF BIRTH: / / DD/MM/YYYY NZ CITIZEN: YES ☐ NO ☐ PERMANENT RESIDENT: YES ☐ NO ☐

CURRENT ADDRESS: HOW LONG: YRS MTHS

SUBURB: TOWN/CITY:

POSTAL ADDRESS:

EMAIL ADDRESS:

OCCUPATION: EMPLOYER: HOW LONG: YRS MTHS

HOME NUMBER: WORK NUMBER: MOBILE NUMBER:

PERSONAL ANNUAL SALARY (BEFORE TAX): $ MARRIED ☐ SINGLE ☐ DE FACTO ☐

Applicant 2

GIVEN NAMES: SURNAME:

DATE OF BIRTH: / / DD/MM/YYYY NZ CITIZEN: YES ☐ NO ☐ PERMANENT RESIDENT: YES ☐ NO ☐

CURRENT ADDRESS: HOW LONG: YRS MTHS

SUBURB: TOWN/CITY:

OCCUPATION: EMPLOYER: HOW LONG: YRS MTHS

HOME NUMBER: WORK NUMBER: MOBILE NUMBER:

PERSONAL ANNUAL SALARY (BEFORE TAX): $ MARRIED ☐ SINGLE ☐ DE FACTO ☐

HOME OWNER (APPLICANT 1): YES ☐ NO ☐ IS HOME IN YOUR NAME (APPLICANT 1) ☐ JOINT (WITH APPLICANT 2) ☐ IN A TRUST ☐

VALUE OF HOME (APPROX): $ BALANCE OF MORTGAGE (APPROX): $

CURRENT OUTSTANDING LOANS (NAME OF COMPANY):	ORIGINAL BALANCE	BALANCE OWING	MONTHLY PAYMENTS
	$	$	$
	$	$	$

PERSONAL CONTACT (FULL NAME): (NOT LIVING AT THE SAME ADDRESS) LANDLINE PHONE:

PERSONAL CONTACT ADDRESS: (NOT LIVING AT THE SAME ADDRESS)

ID SIGHTED BY STAFF (NAME): OR PLEASE SEND COPY OF ID WITH APPLICATION

ID REQUIRED: **ONE** FORM OF PHOTO ID OR **TWO** FORMS OF NON-PHOTO ID

ID TYPE (PLEASE CIRCLE): DRIVER'S LICENCE PASSPORT 18+ CARD BANK CARD CREDIT CARD AMEX/DINNERS OTHER

ID NUMBER/S: (APPLICANT 1) ID NUMBER/S: (APPLICANT 2)

Credit Reporting Privacy Code 2004

I 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 also further authorise you to furnish to any third party or parties details of this application and any subsequent dealings that I may have with you as a result of this application being actioned by you. I hereby declare that the information provided is true and correct and that I am not an undischarged bankrupt. I agree that the financier may nominate the insurer at its discretion. I understand that Gilrose Finance Company Ltd have asked me for personal information about me so as to use Veda Advantage's credit reporting service to credit check me.

I understand that: Veda Advantage will give you information about me for that purpose. You will give my personal information to Veda Advantage, and that Veda Advantage will hold that information on their systems and use it to provide their credit reporting service. When other Veda Advantage customers use the Veda Advantage credit reporting service, Veda Advantage may give the information to those customers. If I default in my payment obligations to you, information about that default may be given to Veda Advantage, and Veda Advantage may give information about my default to other Veda Advantage customers.

SIGNITURE (APPLICANT 1): SIGNITURE (APPLICANT 2): DATE: