



## DEALER CREDIT APPLICATION

PRIVATE & CONFIDENTIAL

### COMPANY INFORMATION

Registered Name of Entity:	
Trading Name:	
GST No:	
Registered Trader Number:	
Company No:	
Address:	
Phone No:	
Email:	

### COMPANY DIRECTORS & SHAREHOLDERS

Name of Director:	
Name of Director:	
Name of Director:	

### INSURANCE DETAILS

Name of Insurance Co:	
Policy Number:	

### DETAILS OF BUSINESS

No years in MV industry:	
Average Stock level:	
Average days to sell:	
Average sales per month:	
Average Retail Price:	
Where do you import from:	Japan / UK / Australia / Other
Current Suppliers:	
Compliance Co used:	
Is your business premises:	Owned/Leased
If Leased, for what term:	

TRADE REFERENCES	
Name of Reference:	
Phone No:	
Name of Reference:	
Phone No:	

CURRENT FINANCE & SECURITY	
Current Floorplan Provider:	
Facility Credit Limit:	
Current Outstanding's:	

FACILITY REQUESTED	
Please tick to select the type of facility you are applying for:	
<b>OPTION 1.</b> Autobridge Express Facility, approval may be granted for a facility of up to NZD 100,000 without the provision of further financial information:	
<b>OPTION 2.</b> Autobridge Standard Facility, approval subject to provision of financials as per below, Facility Limit Applied For:	
If Option 2, what Facility Limit are you applying for:	NZD _____
Funding required for purchases from:	Japan / UK / Australia / Other

ACKNOWLEDGEMENTS
<p>I/We acknowledge that any representations made concerning the application have been made to Autobridge Limited ("ABL") to enable ABL to determine whether to grant finance, and if granted, for credit, service and general marketing purposes. To facilitate the above purposes, I hereby authorise ABL to make any enquiries relative to the statements given in the application, which they consider necessary or expedient and to obtain any additional information including details of financial affairs. I hereby irrevocably request and authorise any person or company to supply such information to ABL or their financiers or assigns from time to time. The credit applied for is of the type requested by the applicant, and for the purposes of the Consumer Guarantees Act 1993 the application for the supply of credit is for the purposes of a business. Accordingly, under the agreement/s that may result from this application, the Act is excluded. The information provided in this application is true, correct and complete, and no information that would be relevant to ABL in evaluating the application has been omitted. If any relevant changes occur between now and the signing of a credit agreement with ABL, disclosure of such changes will be made to ABL immediately</p>

SUPPORTING INFORMATION TO BE PROVIDED
Please provide the following to support your application:
1. Signed Autobridge Statement of Positions
2. Colour copy of the drivers licence for each Director and Shareholder
3. Confirmation of current comprehensive policy covering your stock
In addition, if you are applying for a facility of over \$100,000, please provide the following
4. Annual Financial Accounts for the last 2 financial years

Director Signature	Date
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Director Signature	Date
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Director Signature	Date
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