

FlexiGroup (New Zealand) Limited GST No. 67-749-790 P.O. Box 90935 Victoria St West, Auckland 1142 Ph: 0800 444 827 Fax: 0800 444 860

Salesperson:		Reseller co. name:					
Contract Price inc. GST:		Term: (tick one)	12	24	36	48*	60*
Lease Type (tick one)	Operating Lease (terms available 12, 24, 36, 48*, 60*)		Lease-to-Own (terms available 12, 24, 36, 48, 60)				

Company Application

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ORGANISATION/CONTA	CT DETA	AILS						
Company Name:								
Trading as:								
Organisation Type (tick one)	Limit	ed Liabili	ty Company	Trust	Incorpora	tion Sch	ool/Education	Government
Type of business:								
No. of years Trading:					No. of emp	loyees:		
Physical Address:							Pos	t Code:
Postal Address:							Pos	t Code:
Contact Person:					Position:			
Work no:	()				Mobile no:	()		
Fax no:	()				Email:			
FINANCIALS								
Financial year ending:					Total turno	ver/revenue:		
Net Profit:					Director sa	laries:		
If requested could you pro	vide finar	ncial state	ements to ve	erify this inform	ation? (tick one)		Yes	No
DIRECTOR/GUARANTO	R DETAII	LS (Detail	s not required	in this section if	applicant is a ma	ajor company or	government de	epartment)
Tick One:	Мі	r Mr	s Miss	MS (tick one	Home	phone no.	()	
First Name(s):								
Last Name:								
Date Of Birth:	Residency Status: (tick one) NZ Citizen Other (Pleas					en Permar lease Specify	nent Resident	
Drivers licence NO:	5a					5b		
Industry Experience:						Years:		
Current Status: (tick one)	Boarding Renting Owner/mortgaged Owner/freehold Employer housing Other							
Current Address:							Time at	address:
Previous Address:							Time at	address:
EMPLOYMENT DETAILS	(This sec	tion only t	o be complete	ed if company is	less than 3 years	old)		
Status: (tick one)	Full time Part time/Casual Seasonal Self employed Other							
Name of Company:								
Job Title:					Time employ	ed: (Years or mont	ths)	
Previous Employment (iii	f at curren	t employm	ent less than	3 years)				
Status: (tick one)	I	Full time	Pan	t time/Casual	Seasona	I Se	elf employed	Other
Name of Company:								
Job Title:					Time employ	ed: (Years or mont	ths)	
DECLARATION								
You authorise FlexiGroup (New Zealand) Ltd to contact any credit agency, referee or any other source to obtain, check, dispose of or exchange information (both now and in the future) in connection with this application and matters arising out of it. You acknowledge that by signing this application you are authorising each source to provide FlexiGroup (New Zealand) Ltd or FlexiGroup (New Zealand) Ltd's nominee with any information about you which it may require in connection with this application. If you are a natural per the Privacy Act 1993 entitles you to have access to personal information held by FlexiGroup (New Zealand) Ltd about you and to request correction of that information if necessary. Unless FlexiGroup (New Zealand) Ltd is notified in writing by you, promotional material may be sent to you from time to time. Important: You declare that you will use the Equipment wholly or predominantly for business purposes. You certify that the information you have provided is true and correct and you acknowledge that FlexiGroup (New Zealand) Ltd is relying upon such information to assess this application. By ticking this box, I am confirming that I have read, understood and agree to the above declaration. Signature: Date:								