



THE COMPANY

Company Name: _____

ACN: _____ ABN: _____

Name of Trust (If applicable): _____

Registered Business Names: _____

Business Address: _____

State: _____ P/Code: _____

Tel: _____ Fax: _____ Mobile: _____

Website: _____ Email: _____

Date of Establishment: _____

Description of Business: _____

Board of Directors or Partners:

Full Names	Date of Birth	Address	Shareholding %

Shareholders other than Directors holding more than 10% of shares:

Company Secretary:

		Total:

BANKERS AND ADVISERS

Name and address of:

Bankers	Accountants	Solicitors
Address	Address	Address
Telephone No.	Telephone No.	Telephone No.
Manager	Contact	Contact

CUSTOMERS/TERMS OF TRADE

Briefly describe your credit control procedure for overdue accounts: _____

Do you obtain signed proof of delivery? YES / NO If YES, what form is proof of delivery? _____

Terms of business and discount policy: _____

List any of your customers who are suppliers to your business: _____

List any of your debtors who claim advertising subsidies or volume rebates: _____

Do you sell on consignment basis? YES / NO Do you sell on sale or return basis? YES / NO

Do you sell on sale or exchange basis? YES / NO

What proportion of your sales involve: Retentions _____ % Invoices for work in progress _____ %

Details of 10 largest debtors:

Debtor Name	Period Held as Customer	Approximate Average Credit Taken in Days	Approximate Last 12 Months Sales	Current Debtors Balance	Credit Limit (if applicable)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Six largest customers for reference purposes:

Company	Telephone	Contact
1		
2		
3		
4		
5		
6		

SUPPLIERS

Two principal suppliers for reference purposes:

Company 1 _____ 2 _____
 Fax No./Email _____ _____
 Telephone No. _____ _____
 Contact _____ _____

BANK FACILITIES

Type of Facility	Facility Limit	Current Balance Owing

Security provided to your bank: _____

OTHER FINANCE FACILITIES (please include mortgage, leasing, hire purchase or other facilities)

Financier	Type of Facility	Facility Limit	Current Balance Owing	Security Given

HOW FINANCE AVAILABLE FROM THIS FACILITY WILL BE USED:

ASSOCIATED BUSINESSES

Please list any businesses associated with the Company.

- 1 Companies in which this business owns more than 15% of the shares (include ABN's)
- 2 Any Companies in which more than 15% of the Issued Share Capital is owned by the Directors, their spouses or majority Shareholders of this Company.

If your invoices bear a name or names under which you trade and which is / are different to your Registered Business Name/Names as given by you on page 1 of this form please give details of such names.

TAXATION/SUPERANNUATION

The position of outstanding taxes/superannuation as at/...../20

	TOTAL	CURRENT	OVERDUE
PAYG Instalments			
Payroll Tax			
F.B.T.			
G.S.T.			
Superannuation			

PREMISES Are your business premises owned / rented - if rented:- (i) Name and address of landlord
(ii) Term of lease

