

NEW LOAN APPLICATION
FAX NO: 9299 1433

A D A M S M I T H
FINANCIERS



Since 1930

Date:..... Amount Of Loan \$..... Purpose of Loan:.....
Full Name:..... DOB:.....
Single/Married/De Facto(tick one) Partner(s) Full Name:.....
No of Dependants you support:..... Email Address:.....
Home Address:.....
..... P/Code:..... How Long.....(Years)
Tele No:..... Mobile:..... Rent/Buy/Boarding/Own
Agents/Mortgagee:-..... \$..... Per month
Previous Address:..... How Long:.....

Name & Address of Relative
not living with you:-.....

Occupation:-.....
Employer's Name and Address:-.....
.....
.....
Length of Service:..... Monthly Net Salary \$ Telephone:

Partner(s) Occupation: Length of Service..... Tele.....
Employer's Name:..... Net Salary:\$..... Monthly

Other Credit Accounts: Please Advise Type of Credit, Monthly Repayment, Balance Owing

Bank Account Details- BSB:..... Account:No.....:

Drivers Licence No:..... Expiry date:.....

Registration No:..... Make & Model:.....