



Bendigo Lending Services Pty. Ltd.
 10 Garsed Street
 Bendigo VIC 3550
 Phone : (03) 5444 5200
 Fax : (03) 5444 5800
 enquiry@bendigolending.com.au

CONSUMER CREDIT APPLICATION

FULL NAME OF APPLICANT(s) Borrower/Co Borrower/Guarantor (Delete as applicable)		HOME No	MOBILE
1.			
2.			
CURRENT ADDRESS (5 years history required)		POST CODE	YRS/MTHS
1.			
2.			
HOUSING SITUATION: <input type="checkbox"/> Rent Free <input type="checkbox"/> Boarding <input type="checkbox"/> Renting <input type="checkbox"/> Mortgage <input type="checkbox"/> Fully own			
LANDLORD – Name & Address		PHONE NO:	
		POSTAL SAME?	
PREVIOUS ADDRESS (Use notes section for additional addresses)		POST CODE	YRS/MTHS
1.			
2.			
Customer Email:			
MARITAL STATUS	DATE OF BIRTH	AGE OF DEPENDANTS	DRIVERS LICENCE EXPIRY
1.			
2.			
OCCUPATION	STATUS	2nd OCCUPATION	STATUS
1.		1.	
2.		2.	
NAME OF EMPLOYER (min. 5 years history required)		PHONE NO:	YRS/MTHS
1.			
2.			
PREVIOUS EMPLOYER		PHONE NO:	YRS/MTHS
1.			
2.			
NEAREST RELATIVE		PHONE NO:	RELATIONSHIP:
1.			
2.			

MONTHLY INCOME - APP 1	GROSS	NET	MONTHLY INCOME – APP 2	GROSS	NET
SALARY			SALARY		
PENSION			PENSION		
RENTAL INCOME			RENTAL INCOME		
OTHER			OTHER		
TOTAL INCOME			TOTAL INCOME		

LIABILITIES	BANK	X	ORIG/LIMIT	OWING	PAYMENT	ASSETS	\$
MORTGAGE						LAND / BUILDINGS	
RENT / BOARD							
LOANS						CONTENTS	
1						VEHICLE	
2						1	
3						2	
CREDIT CARDS						BANK ACCOUNTS	
1						1.	
2						2.	
3.						3.	
STORE CARDS						4.	
1.						TOTAL ASSETS	
BANK OVERDRAFT						LESS TOTAL LIABILITIES	
TOTAL LIABILITIES						NET ASSETS	

Disbursements (Staff Use Only)		\$
LOAN PURPOSE:		\$
		\$
PLUS:		
Brokerage		\$
Establishment Fee <input type="checkbox"/> \$100 <input type="checkbox"/> \$125 <input type="checkbox"/> \$150 <input type="checkbox"/> 180		\$
PLUS:		
Comprehensive Motor Vehicle Insurance - <input type="checkbox"/> Fortron <input type="checkbox"/> Suncorp <input type="checkbox"/> Swann		
Consumer Credit Insurance - <input type="checkbox"/> Fortron <input type="checkbox"/> Suncorp <input type="checkbox"/> Swann		\$
Gap Insurance - <input type="checkbox"/> Fortron <input type="checkbox"/> Suncorp <input type="checkbox"/> Swann		\$
LESS DEPOSIT:		
<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> Trade In \$ _____	\$
LOAN TERM (Mths): <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84		
INTEREST RATE: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable		
REPAYMENTS: <input type="checkbox"/> Weekly <input type="checkbox"/> F/Nightly <input type="checkbox"/> Monthly		
TOTAL AMOUNT FINANCED		\$

NOTES
PREVIOUS ADDRESS:
PREVIOUS EMPLOYER:
OTHER:

SIGNATURE OF APPLICANT	DATE
1)	/ /
SIGNATURE OF APPLICANT	DATE