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|------------------------------|--|---|---|
| Salesperson: | | Reseller co. name: | |
| Contract Price inc. GST: | | Term: <i>(tick one)</i> | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48* <input type="checkbox"/> 60* |
| Lease Type <i>(tick one)</i> | <input type="checkbox"/> Operating Lease <i>(terms available 12, 24, 36, 48*, 60*)</i> | <input type="checkbox"/> Lease-to-Own <i>(terms available 12, 24, 36, 48, 60)</i> | |

Company Application

ORGANISATION/CONTACT DETAILS

| | | | |
|-------------------------------------|--|-------------------|------------|
| Company Name: | | | |
| Trading as: | | | |
| Organisation Type <i>(tick one)</i> | <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Incorporation <input type="checkbox"/> School/Education <input type="checkbox"/> Government | | |
| Type of business: | | | |
| No. of years Trading: | | No. of employees: | |
| Physical Address: | | | Post Code: |
| Postal Address: | | | Post Code: |
| Contact Person: | | Position: | |
| Work no: | () | Mobile no: | () |
| Fax no: | () | Email: | |

FINANCIALS

| | | | |
|---|--|-------------------------|--|
| Financial year ending: | | Total turnover/revenue: | |
| Net Profit: | | Director salaries: | |
| If requested could you provide financial statements to verify this information? <i>(tick one)</i> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DIRECTOR/GUARANTOR DETAILS (Details not required in this section if applicant is a major company or government department)

| | | | |
|----------------------|--|-------------------------------------|--|
| Tick One: | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <i>(tick one)</i> | Home phone no. | () |
| First Name(s): | | | |
| Last Name: | | | |
| Date Of Birth: | | Residency Status: <i>(tick one)</i> | <input type="checkbox"/> NZ Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Please Specify _____) |
| Drivers licence NO: | 5a | 5b | |
| Industry Experience: | | Years: | |

Current Status: *(tick one)*

| | | |
|--|--|------------------|
| <input type="checkbox"/> Boarding <input type="checkbox"/> Renting <input type="checkbox"/> Owner/mortgaged <input type="checkbox"/> Owner/freehold <input type="checkbox"/> Employer housing <input type="checkbox"/> Other | | |
| Current Address: | | Time at address: |
| Previous Address: | | Time at address: |

EMPLOYMENT DETAILS (This section only to be completed if company is less than 3 years old)

| | |
|---------------------------|--|
| Status: <i>(tick one)</i> | <input type="checkbox"/> Full time <input type="checkbox"/> Part time/Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Self employed <input type="checkbox"/> Other |
| Name of Company: | |
| Job Title: | Time employed: <i>(Years or months)</i> |

Previous Employment (if at current employment less than 3 years)

| | |
|---------------------------|--|
| Status: <i>(tick one)</i> | <input type="checkbox"/> Full time <input type="checkbox"/> Part time/Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Self employed <input type="checkbox"/> Other |
| Name of Company: | |
| Job Title: | Time employed: <i>(Years or months)</i> |

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.

| | | |
|--|------------|-------|
| <input type="checkbox"/> By ticking this box, I am confirming that I have read, understood and agree to the above declaration. | Signature: | Date: |
|--|------------|-------|