

HOTEL FINANCE APPLICATION FORM



APPLICANT TYPE PTY LTD / PARTNERSHIP / INDIVIDUAL NAME _____
ABN _____
HOTEL NAME _____
HOTEL ADDRESS _____
PRIMARY CONTACT _____ **PHONE ()** _____
FAX () _____ **EMAIL** _____
COMMENCED TRADING _____ **HOTEL ESTABLISHED** _____ (no. years)
ACCOUNTANTS _____
CONTACT _____ **PHONE ()** _____
BANKERS _____ **BRANCH** _____
HOTEL PREMISES Freehold or Leasehold (please tick ✓)
MARKET VALUE (\$) _____ **MORTGAGE (\$)** _____
TRADE REFERENCES
 1. _____ **PHONE ()** _____
 2. _____ **PHONE ()** _____
 3. _____ **PHONE ()** _____
FINANCE REFERENCES
 1. _____ **AC No.** _____ CURRENT / PAID OUT (please tick ✓)
 2. _____ **AC No.** _____ CURRENT / PAID OUT (please tick ✓)
 3. _____ **AC No.** _____ CURRENT / PAID OUT (please tick ✓)

PERSONAL DETAILS OF PROPRIETORS, DIRECTORS, GUARANTORS & INDIVIDUAL APPLICANTS

INFORMATION	DIRECTOR / PROPRIETOR / PARTNER / SELF	DIRECTOR / PARTNER / GUARANTOR
NAME	_____	_____
	D.O.B. _____ D/LICENCE No. _____	D.O.B. _____ D/LICENCE No. _____
RESIDENTIAL ADDRESS	_____	_____
	P/CODE _____ HOW LONG _____ YRS _____ MONTHS _____	P/CODE _____ HOW LONG _____ YRS _____ MONTHS _____
HOME OWNERSHIP	VALUATION (\$) _____	VALUATION (\$) _____
	BALANCE OWING (\$) _____	BALANCE OWING (\$) _____
	MORTGAGEE _____	MORTGAGEE _____
(If Not Owned)	LANDLORD _____	LANDLORD _____
	LANDLORD PHONE () _____	LANDLORD PHONE () _____

NEW EQUIPMENT SUPPLIER _____
SUPPLIER CONTACT _____ **PHONE ()** _____ **FAX ()** _____
NEW POKER MACHINES \$ _____
OTHER EQUIPMENT \$ _____
TOTAL AMOUNT TO BE FINANCED \$ _____

New South Wales Office
 Queensland Office
 Victoria Office

Telephone (02) 9744 7099
 Telephone (07) 3229 9066
 Telephone (03) 9867 5000

Facsimile (02) 9747 4407
 Facsimile (07) 3229 9788
 Facsimile (03) 9867 5522