

EQUINE FINANCE AUSTRALIA

QUICK PRE-APPROVAL FORM

Company Name: _____ Years Business Established: _____

Trading Name: _____

Street Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____ Web Site: _____

DIRECTOR & PARTNER INFORMATION

1. Director / Individual / Partner Full Name: _____ DOB: _____

Drivers Licence: _____ Street Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Owner: Yes / No Time at this address: _____ Property Value: _____ Owing: _____

2. Director / Individual / Partner Full Name: _____ DOB: _____

Drivers Licence: _____ Street Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Owner: Yes / No Time at this Address: _____ Property Value: _____ Owing: _____

Description of horse to be financed: _____

Finance Amount Required: _____

PLEASE FAX TO: (07) 5575 2930