

Finance Lease Credit Application

Over \$100,000 leasing

for Business / Company / Sole Proprietor / Partnership

Step One

Complete this Credit Application, tick off the 'Checklist' below and fax through to an FleetPartners office along with supporting documentation as requested. If you have a contact name please enter under designated office.

Auckland	Christchurch	Wellington
<p>ATTN: <input type="text"/></p> <p>PHONE: 0800 372 632 FAX: 09 570 3999 61 Mountain Rd, Mt Wellington</p>	<p>ATTN: <input type="text"/></p> <p>PHONE: 03 377 1333 FAX: 03 377 1336 74 St Asaph St, Christchurch</p>	<p>ATTN: <input type="text"/></p> <p>PHONE: 04 801 8000 FAX: 04 801 8101 20-22 Barker St, Wellington</p>

IMPORTANT

Completion Checklist

Please use this checklist to ensure application includes all the necessary information to process your application for lending in excess of \$50,000

- All sections completed in full as required
- Copy of Photo Identification of business owners/directory attached - i.e. current drivers licence or passport
- Company Financials attached
- Statement of Financial position completed (Section 5)
- Certificate of Incorporation (if applicable)
- LTNZ - Land Transport NZ identification no# (if applicable)
- Received and read the Finance Lease Terms and Conditions
- All applicant signatures duly witnessed

Retain original copy until the credit application has been approved pending any possible additional information that may be requested during this approval process. Successful applicants will then be requested to forward the original credit application to an FleetPartners office prior to delivery of any vehicles covered under this approval.

All signatures contained in this application must be of original condition.

Where to from here? Refer to page 7

1.1 Company details

Company / Business name

Trading address

LTNZ number

Incorporation number

Postal address

1.2 Contact details

Contact person

Phone

 ()

Fax

 ()

Contact person email address

Contact person company title/position

Applicant 1 details

Business Name (if applicable)

Surname

Christian Name

Middle Name

Date of birth

Marital Status

 / /

Drivers Licence Number

LTNZ number

New Zealand Resident

Yes No

Applicant 2 details

Business Name (if applicable)

Surname

Christian Name

Date of birth

Marital Status

 / /

Drivers Licence Number

LTNZ number

New Zealand Resident

Yes No

My living arrangements

I own my home

Please provide proof of income if you are not a home owner

I am renting I am boarding I live with my parents

I've been living here for:

Years Months

Residential Address

Contact phone

My living arrangements

I own my home

Please provide proof of income if you are not a home owner

I am renting I am boarding I live with my parents

I've been living here for:

Years Months

Residential Address

Contact phone

 ()

My previous address (if you have been living at your current address for less than 2 years)

My previous address (if you have been living at your current address for less than 2 years)



Section 2 Business Related Details

2.1 Business details

Business activity

Number of years in operation

Fleet size

Number of employees

Status

Govt/SOE

Public listed

Subsidiary of off shore company

Private

Partnership

Other

Parent company name (if applicable)

2.2 Directors / Shareholders

Name (1)

% Shareholding

Name (2)

% Shareholding

Name (3)

% Shareholding

2.3 Company Directory

Registered office

Registration number

Bank and branch

Accountant

Accountant company name

Phone



Section 3 Insurance Certification

IMPORTANT: Insurance is the responsibility of the lessee.

3.1 Details of Insurer

Name of Insurer or Broker

Branch

Contact person

Contact phone

Name of Insurance Company

Policy Type

Policy Number

Name of Broker (if applicable)

Insurance excess \$

Cover Start Date

Renewal Date

APPLICANTS INITIAL: _____

Applicants providing financial support must complete this section for assessment of affordability of the proposed lease asset(s).

4.1 Personal Financial Information

APPLICANT 1 Full name Date of birth / /

APPLICANT 2 Full name Date of birth / /

4.2 Applicant 1 Financial Information

MONTHLY INCOME		MONTHLY EXPENDITURE (combined)		ASSETS	VALUE	LIABILITIES	BALANCE OWING
Pay after tax	\$ <input type="text"/>	Mortgage/Rent	\$ <input type="text"/>	House	\$ <input type="text"/>	Mortgage(s)	\$ <input type="text"/>
Other income	\$ <input type="text"/>	Loans/OD	\$ <input type="text"/>	Other property	\$ <input type="text"/>	Loans (All)	\$ <input type="text"/>
		Credit Cards	\$ <input type="text"/>	Vehicles	\$ <input type="text"/>	HPs (All)	\$ <input type="text"/>
		HPs	\$ <input type="text"/>	Other: (list)		Credit card limit	NO FILL
		Insurances	\$ <input type="text"/>	_____	\$ <input type="text"/>	\$ _____	
		Rates (land & water)	\$ <input type="text"/>	_____	\$ <input type="text"/>	Other: (list)	
		Power & Phone	\$ <input type="text"/>	_____	\$ <input type="text"/>	_____	\$ <input type="text"/>
		Living Expenses	\$ <input type="text"/>			_____	\$ <input type="text"/>
TOTAL (A)		TOTAL (B)		TOTAL (C)		TOTAL (d)	
MONTHLY SURPLUS (A) – (B) \$				NET WORTH (C) – (D) \$			

4.3 Applicant 2 Financial Information

MONTHLY INCOME		MONTHLY EXPENDITURE (combined)		ASSETS	VALUE	LIABILITIES	BALANCE OWING
Pay after tax	\$ <input type="text"/>	Mortgage/Rent	\$ <input type="text"/>	House	\$ <input type="text"/>	Mortgage(s)	\$ <input type="text"/>
Other income	\$ <input type="text"/>	Loans/OD	<input type="text"/>	Other property	\$ <input type="text"/>	Loans (All)	\$ <input type="text"/>
Credit Cards		Credit Cards	\$ <input type="text"/>	Vehicles	\$ <input type="text"/>	HPs (All)	\$ <input type="text"/>
HPs		HPs	\$ <input type="text"/>	Other: (list)		Credit card limit	NO FILL
Insurances		Insurances	\$ <input type="text"/>	_____	\$ <input type="text"/>	\$ _____	
Rates (land & water)		Rates (land & water)	\$ <input type="text"/>	_____	\$ <input type="text"/>	Other: (list)	
Power & Phone		Power & Phone	\$ <input type="text"/>	_____	\$ <input type="text"/>	_____	\$ <input type="text"/>
Living Expenses		Living Expenses	\$ <input type="text"/>			_____	\$ <input type="text"/>
TOTAL (A)		TOTAL (B)		TOTAL (C)		TOTAL (d)	
MONTHLY SURPLUS (A) – (B) \$				NET WORTH (C) – (D) \$			

5.1 Acceptance clause including acceptance of 'Terms and Conditions of Leasing' and 'Fair Wear and Tear guide'

I/We have received and read a copy of the Terms and Conditions of Leasing and the 'Fair, Wear and Tear' guide. I/We acknowledge that the leasing of any vehicle by me/us from FleetPartners is subject to the terms of the Terms and Conditions of Leasing and I/we agree to be bound by them and the terms and conditions within the 'Fair, Wear, and Tear' guide.

5.2 Authorisation for collection, use and disclosure of information - Privacy Waiver

- I/we understand and authorise that the information received from me/us noted in this application will be securely held by FleetPartners Group, FleetPartner¹ I/we may access and correct this information under the Privacy Act 1993.
- The information may be used by FleetPartners to:
 - consider my/our application for facilities, products or services or any future applications for facilities, products or services;
 - administer, manage and monitor any facilities, products or services provided to me/us;
 - conduct market research, data processing and statistical analysis; and
 - unless I/we disagree, provide me/us with information about other facilities, products or services including selected third party products or services.
- FleetPartners may disclose information about me/us to its related companies (as defined by the Companies Act 1993), agents or contractors for the above purposes.
- FleetPartners may disclose information about me/us to credit reference agencies for the purpose of obtaining a credit report on me/us. Those credit reference agencies may retain that information and provide it to their customers who use their credit reporting services.
- If I/we default in any obligations to FleetPartners then information about me/us may be disclosed to credit reference or debt recovery agencies and retained by them. Those agencies may provide that information to their customers who use their credit reporting services.
- FleetPartners may obtain information and make such enquiries about me/us as FleetPartners consider warranted from any source including its related companies (as defined by the Companies Act 1993) and credit reference agencies for the above purposes.
- I/we acknowledge that FleetPartners may from time to time acquire further information from me/us or the other parties listed above in connection with further dealings I/we may have with FleetPartners and the day to day monitoring of my/our file. I/we agree that FleetPartners need not obtain my/our further consent to the collection of information from any of those parties for the purposes specified above.
- I/We warrant that the information provided above is true and correct and I/we acknowledge it will be relied upon by FleetPartners to determine whether or not to accept my/our application.

5.3 Conditions of acceptance for direct debit authority and insurance certification

- The Initiator:
 - Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either:
 - in writing; or
 - by electronic mail where the Customer has provided prior written consent to the Initiator
 The notice will include the following message: "The amount \$....., was direct debited to your Bank account on (initiating date)."
 - May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- The Customer may:-
 - At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
 - Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
 - Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account
- The Customer acknowledges that:-
 - This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
 - In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
 - Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lies between me/us and the Initiator.
 - Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility in respect of:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
 - The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- The Bank may:-
 - In it's absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
 - At any time terminate this authority as to future payments by notice in writing to me/us.
 - Charge its current fees for this service in force from time-to-time.
- I/We hereby declare that all vehicles leased from FleetPartners¹ comply with all Terms and Conditions of Leasing agreeing to insure all vehicles for the entire lease term stated in the Agreement to Lease.
- I/We undertake to provide notification in writing to FleetPartners¹ of any future amendments to insurance details, including policy type.

5.4 Acceptance of all conditions and clauses noted in Section (6)

For and on behalf of (full company/partnership name)

Print signatory full name If company - Director / Secretary / Authorised Officer (Delete those that do not apply)

Date

<input style="width: 95%; height: 20px;" type="text"/>	Authorised signatory	<input style="width: 95%; height: 20px;" type="text"/>	/ /
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For and on behalf of (full company/partnership name)

Print signatory full name If company - Director / Secretary / Authorised Officer (Delete those that do not apply)

Date

<input style="width: 95%; height: 20px;" type="text"/>	Authorised signatory	<input style="width: 95%; height: 20px;" type="text"/>	/ /
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Witness 1: (Non family member with over 12 month relationship)

Witness 2: (Non family member with over 12 month relationship)

Full name (Please print)

Full name (Please print)

Address

Address

Signature

Date

Signature

Date

<input style="width: 95%; height: 18px;" type="text"/>	/ /
--	-----

<input style="width: 95%; height: 18px;" type="text"/>	/ /
--	-----

Bank Copy

Name of account

Customer to complete bank/branch number & account number & suffix of account to be debited

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

Bank/Branch

Address (PO Box)

Town/City

AUTHORITY TO ACCEPT
DIRECT DEBITS
(Not to operate as an assignment or agreement)

Authorisation Code

0314614

Date / /

I/We authorise you until further notice in writing to debit my/our account with you all amounts which
FLEETPARTNERS¹
(hereinafter referred to as the initiator)

the registered initiator of the above authorisation code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed under the
'Acceptance and sign off'.

Information to appear on my / our bank statement

<input type="text"/>	<input type="text"/>
PAYER PARTICULARS	PAYER CODE

Customer to sign - Authorised Signatories

Please read Conditions of Authority for Acceptance of Direct Debit on the following page.

Signature

Date

Signature

Date

Approved

1461
10 | 06

For Bank Use Only:

Date Received:	Recorded By:	Checked By:

BANK STAMP

Please forward to FleetPartners

¹FleetPartners Group, FleetPartners being NZGT (FP) Trustee Limited as trustee for the FP Ignition Trust 2011 - 1 New Zealand

A sales representative will contact you to advise application has been received and;

Discuss

- Credit facility value required for approval
- Vehicle requirements (New, used, make and model options)
- Quotations (terms/kms)
- Lease concessions (road side assist, loan car facility, full maintenance inclusions, tyres)
- Supplier (Dealership new or FleetPartners - *Econolease)
- Agreed timeline for process

Step 2

A Sales representative will assess details are completed correctly on faxed application document and contact you with confirmation (or request for additional information if necessary).

Quotations will be created and forwarded within mutually agreed time frame.

Step 3

Our Credit Team will then assess the application and determine status – Approved/Decline

Your sales representative will contact you with the result.

Step 4

Approved applicants will receive a

- Vehicle requisition (fax/email) to authorise, advise delivery details and return signed copy by fax to agreed FleetPartners office.

Step 5

Vehicle order will be placed and delivery confirmation issued.

Providing the original credit application, insurance confirmation and direct debit form has been received by FleetPartners the vehicle can be delivered/collected.

Step 6

Lease documents prepared and forwarded for customer retention.

- Lease agreement
- Initial invoice (For immediate payment)

IMPORTANT

FleetPartners must receive original credit application, insurance certification and direct debit authority prior to vehicle delivery.