

Credit Application Leasing

Under \$100,000 leasing

Unlock the wealth in your fleet

Criteria

Please note: Applicants are subject to approval and may be required to submit additional information to support this application for credit.

Attention: Direct Team

Auckland	Christchurch	Wellington
ATTN:	ATTN:	ATTN:
PHONE: 0800 372 632 FAX: 09 570 3999 61 Mountain Rd, Mt Wellington	PHONE: 03 377 1333 FAX: 03 377 1336 74 St Asaph St, Christchurch	PHONE: 04 801 8000 FAX: 04 801 8101 20-22 Barker St, Wellington

Applicant 1 details	Applicant 2 details
Business Name (if applicable) <input type="text"/> Surname <input type="text"/>	Business Name (if applicable) <input type="text"/> Surname <input type="text"/>
Christian Name <input type="text"/> Middle Name <input type="text"/>	Christian Name <input type="text"/> Middle Name <input type="text"/>
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> Marital Status <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> Marital Status <input type="text"/>
Drivers Licence Number <input type="text"/>	Drivers Licence Number <input type="text"/>
LTNZ number <input type="text"/> New Zealand Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	LTNZ number <input type="text"/> New Zealand Resident <input type="checkbox"/> Yes <input type="checkbox"/> No

My living arrangements	My living arrangements
<input type="checkbox"/> I own my home <i>Please provide proof of income if you are not a home owner</i>	<input type="checkbox"/> I own my home <i>Please provide proof of income if you are not a home owner</i>
<input type="checkbox"/> I am renting <input type="checkbox"/> I am boarding <input type="checkbox"/> I live with my parents	<input type="checkbox"/> I am renting <input type="checkbox"/> I am boarding <input type="checkbox"/> I live with my parents
I've been living here for: <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months	I've been living here for: <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months
Residential Address <input type="text"/> <input type="text"/>	Residential Address <input type="text"/> <input type="text"/>
Contact phone <input type="text"/> (<input type="text"/>) <input type="text"/>	Contact phone <input type="text"/> (<input type="text"/>) <input type="text"/>
My previous address (if you have been living at your current address for less than 2 years) <input type="text"/> <input type="text"/>	My previous address (if you have been living at your current address for less than 2 years) <input type="text"/> <input type="text"/>

Bank Copy

Name of account

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

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BANK

BRANCH

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ACCOUNT NUMBER

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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

F	L	E	E	T	P	A	R	T	N	E	R	S
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PAYER PARTICULARS

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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:

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BANK STAMP

Please forward to FleetPartners

Employment details

I am:

Self employed Employed by someone

I've worked there for: Years Months

My employer's / My business name:

My occupation

My work phone number

 ()

My employer's address

Previous Employment

My employer's / My business name:

My occupation

Time with previous employer: Years Months

Employment details

I am:

Self employed Employed by someone

I've worked there for: Years Months

My employer's / My business name:

My occupation

My work phone number

 ()

My employer's address

Previous Employment

My employer's / My business name:

My occupation

Time with previous employer: Years Months

My / Our financial situation

Applicant 1 - Gross Annual Salary or Net Profit After Tax

 \$

Applicant 2 - Gross Annual Salary or Net Profit After Tax

 \$

My / Our financial situation - Applicant 1/ 2 Combined

Any other income? (eg. rent, interest. Prove annual amount)

 \$

Monthly house or rent payments?

 \$

Any other monthly repayments? (eg. personal loan, credit card, lease, HP)

 \$

Insurance Certification

IMPORTANT: Insurance is the responsibility of the lessee.

Details of Insurer

Name of Insurance Company

Policy Type

Policy Number

Name of Broker (if applicable)

Insurance excess \$

Cover Start Date

Renewal Date

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.

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, FleetPartners 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.
- 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.

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 its 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.

Acceptance of all conditions and clauses

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)

<input type="text"/>	Authorised signatory	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input 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)

<input type="text"/>	Authorised signatory	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Witness 1: Full name (Non family member with over 12 month relationship)

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

Address

Address

Signature

Date

Signature

Date