

# application form

confidential

Company name

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Facility size

\$

unlock growth potential

# welcome

This form is designed to be as user-friendly as possible.  
If at any stage you require assistance please do not hesitate  
to contact a member of our business development team on  
0800 ASK LOCK (0800 275 562)

## 1 company information

Name of organisation	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/> Postcode		
Telephone	<input type="text"/>	Name of contact	<input type="text"/>
Facsimile	<input type="text"/>	Position	<input type="text"/> E-mail <input type="text"/>

## shareholders

Full name	<input type="text"/>	percentage of shares held	<input type="text"/> %
Address	<input type="text"/>		
	<input type="text"/> Postcode		
Full name	<input type="text"/>	percentage of shares held	<input type="text"/> %
Address	<input type="text"/>		
	<input type="text"/> Postcode		
Full name	<input type="text"/>	percentage of shares held	<input type="text"/> %
Address	<input type="text"/>		
	<input type="text"/> Postcode		
Full name	<input type="text"/>	percentage of shares held	<input type="text"/> %
Address	<input type="text"/>		
	<input type="text"/> Postcode		

## associate companies

Please give details of any associate companies


Please give details of any inter company sales


## accountant and lawyer information

Accountant

Address

Postcode

Telephone

Organisation

Lawyer

Address

Postcode

Telephone

Organisation

## background information

Describe briefly the products or services that your business supplies


How many years has the business been operating?

How many people does the business employ?

Does the business lease or own its current premises?

Own

☐

Lease

☐

Rental

\$

per  
annum

Date lease  
expires

/ /

Please give details of any agency the business holds


## banking information

Bankers

Branch

Contact

Telephone

Facility details:

Overdraft

\$ Letter  
of Credit\$ 

Term Loan

\$ 

Multi Option

\$ 

Mortgage

\$ Other  
(please state)\$ Credit Account Only ☐

## security held

☐GSA/  
Debenture

Priority

Ranking

☐

Mortgage

Address

Postcode

Priority

Ranking

☐Personal  
Guarantee(s)

Name(s)

☐

Other (please state)

## other facilities/loan/chattels

Name  
of lenderType  
of loan

Security

Term

Balance  
outstanding

Rate

## insurance

Does the business hold any of the following:

Debtor insurance

Yes

☐

No

☐Company  
insured with

% insured

 %

Stock and fixed asset insurance

Yes

☐

No

☐\$ Value  
insured

\$

Key person insurance

Yes

☐

No

☐Name of  
person insuredAmount  
of cover

\$

Company  
insured with

Owner of policy

## 2 creditor information

Please list your two principal suppliers for reference purposes:

Name of business	<input type="text"/>		
Contact	<input type="text"/>	Telephone	<input type="text"/>
Goods/services purchased	<input type="text"/>		
Average purchased per month	\$ <input type="text"/>	Current balance outstanding	\$ <input type="text"/>
		Payment terms	\$ <input type="text"/>

Name of business	<input type="text"/>		
Contact	<input type="text"/>	Telephone	<input type="text"/>
Goods/services purchased	<input type="text"/>		
Average purchased per month	\$ <input type="text"/>	Current balance outstanding	\$ <input type="text"/>
		Payment terms	\$ <input type="text"/>



**PLEASE ATTACH A CREDITORS SCHEDULE TO THE BACK OF THIS APPLICATION FORM**

## 3 customer information

Please list your six largest customers for reference purposes:

Name of business	<input type="text"/>		
Contact	<input type="text"/>	Telephone	<input type="text"/>
Facsimile	<input type="text"/>	Approximate annual sales	\$ <input type="text"/>

Name of business	<input type="text"/>		
Contact	<input type="text"/>	Telephone	<input type="text"/>
Facsimile	<input type="text"/>	Approximate annual sales	\$ <input type="text"/>

Name of business	<input type="text"/>		
Contact	<input type="text"/>	Telephone	<input type="text"/>
Facsimile	<input type="text"/>	Approximate annual sales	\$ <input type="text"/>

Name of business	<input type="text"/>		
Contact	<input type="text"/>	Telephone	<input type="text"/>
Facsimile	<input type="text"/>	Approximate annual sales	\$ <input type="text"/>

**PLEASE ATTACH A DEBTORS SCHEDULE TO THE BACK OF THIS APPLICATION FORM**

### Additional information



# debtor finance and factoring application only

## 1 your customer information

Do you anticipate sales to any one customer will exceed 30% of total sales in any one month? ..... ☐ Yes ☐ No  
If yes, then please name the customer and estimate the highest percentage:

Do any customers receive special payment terms or settlement discounts? ..... ☐ Yes ☐ No  
If yes, then please name the customer and give details:

## 2 sales analysis – figures for the last 12 months

	MONTH OF THE YEAR	SALES (GST INC) EXCLUDING CASH SALES	NUMBER OF INVOICES	VALUE OF CREDIT NOTES	NUMBER OF CREDIT NOTES	TOTAL OF ALL DEBTORS OUTSTANDING AT END OF MONTH	NUMBER OF DEBTORS
eg	January	150,000	125	1,250	8	325,158	65
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total		\$		\$			

## checklist

- ☐ I/we have completed and signed the application form.
- ☐ I/we have attached three years financial reports, debtor schedule, creditors schedule and GST tax certificates to the back of this application form.
- ☐ I/we have completed and signed the Statement of Position.

## Declaration

I/we declare that the information given is correct to the best of my/our knowledge. I am/we are not aware of any adverse information which I/we have not disclosed to you which might influence your descision. I/we authorise S.H. Lock (NZ) Limited to request credit checks and to disclose and collect personal information from the persons listed in this application form for credit reference purposes and for the purpose of arranging finance.

signed for and on behalf of the applicant by:

Director	<input type="text"/>	Date	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>
Director	<input type="text"/>	Date	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>
or Authorised Signatory	<input type="text"/>	Date	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="/"/>



# statement of position

S.H. Lock (NZ) Limited  
Level 14, Tower Centre  
45 Queen Street  
Auckland 1010  
PO Box 106054  
Auckland 1143, New Zealand

Tel. +64 9 375 8500  
Fax. +64 9 375 8529  
**Freephone**  
0800 ASK LOCK  
(0800 275 562)  
www.lockfinance.co.nz

LockFinance

## 1 statement of assets and liabilities of:

Full name	<input type="text"/>	Date of birth	DAY <input type="text"/>	MONTH <input type="text"/>	YEAR <input type="text"/>
Address	<input type="text"/>				
Postcode	<input type="text"/>				
Full name	<input type="text"/>	Date of birth	DAY <input type="text"/>	MONTH <input type="text"/>	YEAR <input type="text"/>
Address	<input type="text"/>				
Postcode	<input type="text"/>				

ASSETS	VALUE \$	LIABILITIES	VALUE \$
Residence situated at		Mortgages over property at	
In whose name(s)		Mortgagee	
Other property situated at		Mortgages over property at	
In whose name(s)		Mortgagee	
Public company shares		Bank overdraft	
		Name of bank	
Cash at bank			
Insurance policies		Credit card (limit \$)	
Face value		Hire purchase	
Surrender value			
Other major assets (please specify)		Other liabilities (please specify)	
Total		Total	

Please give details of all guarantees given:

**Declaration** I/we certify that I am not/neither of us is nor ever has been an undischarged bankrupt or liable under any proceedings under the Insolvency Act 1967 and its amendments. We consent to disclosure of details for credit reference purposes and for the purpose of arranging finance under the Privacy Act 1993. I/we understand that I/we can access and correct if necessary personal information held concerning me/us.

I/we certify that the above is a full and true statement of my/our assets and liabilities as at

Date

/ /

Signatures



# statement of position

S.H. Lock (NZ) Limited  
Level 14, Tower Centre  
45 Queen Street  
Auckland 1010  
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(0800 275 562)  
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LockFinance

## 1 statement of assets and liabilities of:

Full  
name

Date of  
birth

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode

Full  
name

Date of  
birth

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode

ASSETS	VALUE \$	LIABILITIES	VALUE \$
Residence situated at		Mortgages over property at	
In whose name(s)		Mortgagee	
Other property situated at		Mortgages over property at	
In whose name(s)		Mortgagee	
Public company shares		Bank overdraft	
		Name of bank	
Cash at bank			
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Surrender value			
Other major assets (please specify)		Other liabilities (please specify)	
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I/we certify that the above is a full and true statement of my/our assets and liabilities as at

Date

/ /

Signatures



## where to from here?

Please forward the completed

- application form
- financial reports
- and the Statement of Position to:

**Lock Finance, Freepost 107 226**

As soon as these are received at our office,  
a member of the Business Development team  
will contact you.

If you have any questions please do not hesitate  
to call us on **0800 ASK LOCK** (0800 275 562).