



CO-APPLICANT INFORMATION

FULL NAME (as it appears on your Drivers Licence):

Phone no: _____ Email Address: _____

Marital Status: _____ Dependents: _____ Age of Dependents: _____

Licence No: _____ Licence Expiry: _____ D/O/B: _____

CURRENT ADDRESS:
Street Number & Name: _____

City: _____ State: _____ Post Code: _____

Residential Status: (please check) <input checked="" type="checkbox"/>	Own	Mortgage	Rent	Boarding	Other
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Time at current address: (YY/MM) _____ years _____ months

Lenders Name	Mortgage/Rent/Board payment: \$	Week (please check) <input checked="" type="checkbox"/>	Fortnight	Month
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Original Mortgage Amount (\$): _____ Home Value (\$): _____ Mortgage Balance (\$): _____

PREVIOUS FULL ADDRESS: (Require 3 years of residential history - additional fields provided below if required)
Street Number & Name: _____

City: _____ State: _____ Post Code: _____

Residential Status: (please check) <input checked="" type="checkbox"/>	Own	Mortgage	Rent	Boarding	Other
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Time at previous address: (YY/MM) _____ years _____ months

PREVIOUS ADDRESS:
Street Number & Name: _____

City: _____ State: _____ Post Code: _____

Residential Status: (please check) <input checked="" type="checkbox"/>	Own	Mortgage	Rent	Boarding	Other
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Time at previous address: (YY/MM) _____ years _____ months

PREVIOUS ADDRESS:
Street Number & Name: _____

City: _____ State: _____ Post Code: _____

Residential Status: (please check) <input checked="" type="checkbox"/>	Own	Mortgage	Rent	Boarding	Other
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Time at previous address: (YY/MM) _____ years _____ months



EMPLOYMENT INFORMATION

CURRENT EMPLOYMENT: (Require 3 years of employment history - additional fields provided below if required)

Occupation:					
Employment Status: (please check) <input checked="" type="checkbox"/>	Full Time	Part Time	Casual	Self Employed	Other
Employer Name:			Address:		
Managers Name:		Employers Phone:	Time at Employer: (YY/MM) years		months

PREVIOUS EMPLOYMENT: (Require 3 years of employment history - additional fields provided below if required)

Occupation:					
Employment Status: (please check) <input checked="" type="checkbox"/>	Full Time	Part Time	Casual	Self Employed	Other
Employer Name:			Address:		
Managers Name:		Employers Phone:	Time at Employer: (YY/MM) years		months

PREVIOUS EMPLOYMENT: (Require 3 years of employment history - additional fields provided below if required)

Occupation:					
Employment Status: (please check) <input checked="" type="checkbox"/>	Full Time	Part Time	Casual	Self Employed	Other
Employer Name:			Address:		
Managers Name:		Employers Phone:	Time at Employer: (YY/MM) years		months

INCOME

Net Salary \$	(please check) <input checked="" type="checkbox"/>	Weekly	Fortnightly	Monthly
Rental Income \$		Weekly	Fortnightly	Monthly
Other \$		Weekly	Fortnightly	Monthly

Do you foresee any changes to your financial circumstances that may impact your income and ability to make the loan repayments?

(please check) <input checked="" type="checkbox"/>	No	Yes	If Yes, please provide details



ASSETS

Cash in bank \$	Superannuation \$		
Investment Property \$	Other (eg share portfolio) \$		
Household Contents \$	Details and amounts of other assets:		
Motor Vehicle 1 - Value \$	Year	Make	Model
Motor Vehicle 2 - Value \$	Year	Make	Model
Other Vehicle Value \$	Year	Make	Model

FIXED EXPENSES

Credit Cards:

Lender	Payment	Frequency	Owing	Limit
ANZ (Eg. only)	\$150	Monthly	\$740	\$5000
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Current Loans:

Lender	Payment	Frequency	Owing	Original limit
CBA (Eg. only)	\$678	Fortnightly	\$13,241	\$35,000
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Other Expenses: (Per Month)

Food / Groceries:	\$	Entertainment / Dining:	\$
Insurances:	\$	Holiday / Travel:	\$
Utilities:	\$	Health / Medical:	\$
Child Care/School Fees;	\$	Other:	\$
Transport:	\$	Other:	\$



Bank Account details for Direct Debit

BSB:	Account Number:
Account Name:	Bank Account Signatory Name:

Reference 1: (Person not living with you)

First Name:	Surname:
Mobile:	Relationship:
Email Address:	
Residential Address:	

Reference 2: (Person not living with you)

First Name:	Surname:
Mobile:	Relationship:
Email Address:	
Residential Address:	

I declare that all information provided is true and correct, with NO omissions (Including any Credit Card, loans, or other current liabilities).

Signature of applicant:	Date DD/MM/YY: / /
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(Print, sign and return to Brisbane Camperland or click the box to create a digital signature)

Please ensure that along with this Credit Application Form that you have provided (as a minimum):

- Appropriate Driver's License for purchased asset (Front & Back)
- Medicare Card
- Signed Privacy Act Declaration
- Proof of Income
 - Employee - Last 2 consecutive payslips
 - Sole Trader/ABN Holders - Most current Income Tax Return
- Copy of latest rates Notice (If owning current residence)
- Latest rental income statement (If applicable)
- Rental agreement (If renting in current residence)