



Application For Business Financing

(With Caterpillar Financial New Zealand Limited NZBN 9429036240050 ("CFNZ"))

BORROWING ENTITY INFORMATION

Legal Name:		
Legal Entity Type (tick):	<input type="checkbox"/> Sole Trader: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust	(In the case of a Trust, please supply a copy of the Trust Deed in your application)
Trading Address:	Postcode:	
Postal Address:	Postcode:	
Contact Name:	Phone:	Email:
NZBN:	GST Number:	
Business Description:	Years in Business:	
Industry Description:		

WHO WILL OPERATE YOUR EQUIPMENT?

Select one:	<input type="checkbox"/> a. Only you and your employees	<input type="checkbox"/> c. Other people or companies who hire it and the hire period:
	<input type="checkbox"/> b. A related company	<input type="checkbox"/> is always (1) year or less <input type="checkbox"/> may be for more than (1) year

INDIVIDUALS / PARTNERS / DIRECTORS / MAJOR SHAREHOLDERS GREATER THAN 25%

(All must sign the acknowledgement at the end of this application for financing)

First Name:	Middle Names:	Last Name:
Address:		Postcode:
	Drivers Licence* or	Version No.:
Date of Birth:	Passport No.	Expiration:
Phone Number:	Mobile Number:	
Email:	Total Personal Net Worth:	
First Name:	Middle Names:	Last Name:
Address:		Postcode:
	Drivers Licence* or	Version No.:
Date of Birth:	Passport No.	Expiration:
Phone Number:	Mobile Number:	
Email:	Total Personal Net Worth:	
First Name:	Middle Names:	Last Name:
Address:		Postcode:
	Drivers Licence* or	Version No.:
Date of Birth:	Passport No.	Expiration:
Phone Number:	Mobile Number:	
Email:	Total Personal Net Worth:	
First Name:	Middle Names:	Last Name:
Address:		Postcode:
	Drivers Licence* or	Version No.:
Date of Birth:	Passport No.	Expiration:
Phone Number:	Mobile Number:	
Email:	Total Personal Net Worth:	

MARKETING AUTHORISATION (optional)

I/we consent to receiving marketing communications at the email address above from CFNZ and its related entities about products and services offered by CFNZ, its related entities or selected third parties.

PRIVACY AUTHORISATION (required)

By signing this application I/we authorise my/our personal information to be collected, used and disclosed in accordance with CFNZ's Data Protection Notice (available from <https://www.catfinancial.com/nz>).

I/we understand that this includes the disclosure of my/our credit information (including information about default and repayment history) to a credit reporting agency, who may hold that information on their systems and use it to provide their credit reporting services.

I/we understand that if I/we disclose any personal information about another person (such as a representative), I/we confirm that the individual concerned has authorised the collection of their personal information by CFNZ in accordance with CFNZ's Data Protection Notice and I/we confirm that we have notified the individual of their rights to access and request correction of their personal information.

BUSINESS PURPOSE DECLARATION (required)

By signing this application I/we confirm that the proceeds of any finance provided under this application is wholly for business or investment purposes and not for personal, domestic or household purposes.

DISCLOSURE REGARDING PAYMENT FROM CATERPLLAR FINANCIAL NEW ZEALAND LIMITED TO DEALER OR BROKER (required)

If CFNZ provides credit on the basis of this application, the borrowing entity may be required to pay a fee to CFNZ to cover the costs of preparing finance documentation (this fee will be separately disclosed). By signing this application, you acknowledge and agree that CFNZ may pay all or part of that documentation fee to its equipment dealer or broker.

* The provision of your driver's licence number is voluntary. However, it may delay or affect our ability to process your application if you choose not to provide it.

BY: Signature : _____ Print Name: _____ Date: _____

By signing this form I confirm that the information provided is true and correct and provide the consents and agreements described above.

BY: Signature : _____ Print Name: _____ Date: _____

By signing this form I confirm that the information provided is true and correct and provide the consents and agreements described above.

BY: Signature : _____ Print Name: _____ Date: _____

By signing this form I confirm that the information provided is true and correct and provide the consents and agreements described above.

BY: Signature : _____ Print Name: _____ Date: _____

By signing this form I confirm that the information provided is true and correct and provide the consents and agreements described above.