

EQUIPMENT SUPPLIER

Supplier business name	Supplier contact name	Contact phone number
------------------------	-----------------------	----------------------

BUSINESS INFORMATION

Trading name			
Business phone	ABN	ACN	
Installation address	Suburb	State	Postcode
Total years trading	Nature of business (e.g. cafe, restaurant, takeaway).	When do you require delivery of equipment? (DD/MM/YYYY) □□ / □□ / □□□□	
Please tick: <input type="checkbox"/> Pty Ltd <input type="checkbox"/> Limited <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust* <input type="checkbox"/> Partnership			
*Is the trustee a company or an individual? <input type="checkbox"/> Company <input type="checkbox"/> Individual			
If a company, please provide ACN:		If individual, please provide full name:	
Do you rent or own your business premises? <input type="checkbox"/> Rent <input type="checkbox"/> Own			
Landlord/property agent name	Landlord/property agent phone	(We will contact this person to confirm your lease agreement)	

Amount required \$

APPLICANT DETAILS For more than two applicants, please complete 'applicant details' section on an additional form and sign.

APPLICANT 1		APPLICANT 2	
First name	Middle name	First name	Middle name
Surname	Date of birth (DD/MM/YYYY) □□ / □□ / □□□□	Surname	Date of birth (DD/MM/YYYY) □□ / □□ / □□□□
<input type="checkbox"/> Male <input type="checkbox"/> Female	Years of industry experience	<input type="checkbox"/> Male <input type="checkbox"/> Female	Years of industry experience
City and country of birth		City and country of birth	
Drivers licence no.	Exp. date (DD/MM/YYYY) □□ / □□ / □□□□	Drivers licence no.	Exp. date (DD/MM/YYYY) □□ / □□ / □□□□
Drivers card no. (NSW)		Drivers card no. (NSW)	
Medicare card no.		Medicare card no.	
Position on card	Exp. date (DD/MM/YYYY) □□ / □□ / □□□□	Position on card	Exp. date (DD/MM/YYYY) □□ / □□ / □□□□
Phone		Phone	
Email		Email	
Home address		Home address	
Suburb	State	Postcode	
<input type="checkbox"/> Renting <input type="checkbox"/> Own		<input type="checkbox"/> Renting <input type="checkbox"/> Own	
Previous home address (if at current address less than 12 months)			
Suburb	State	Postcode	

All applicants must provide the following supporting information in colour

1. Copy of your driver's licence and Medicare card.
2. We'll need to confirm your commercial lease with your landlord by phone, or you can attach a copy of your signed lease.
3. If not born in Australia or New Zealand, a copy of your AU/NZ passport or visa.

For applications over \$40,000, we will require additional information based on individual circumstances.

Privacy acknowledgment - Please tick the checkbox and read carefully before signing

Credit Reporting Policy: *Silver Chef Rentals Pty Ltd* collects your consumer and commercial credit information and uses this information to assess your application for commercial credit (or assess your application to be a guarantor in relation to such credit), for securitisation-related purposes, for our internal management purposes that are directly related to the management of commercial credit including collecting overdue payments, where we reasonably believe that you have committed a serious credit infringement, and where otherwise required or permitted by law. You can view our Credit Reporting Policy and Privacy Policy Statement on our website or ask us for a copy. As a responsible credit provider, information captured as part of this application process will be used by *Silver Chef Rentals Pty Ltd* to assess your application and authenticate your identity.

Types of information collected: *Silver Chef Rentals Pty Ltd* may collect and hold various information related to your assets and financial position, including income details, expense details, asset values and taxation information. *Silver Chef Rentals Pty Ltd* may give a credit reporting agency such as *Equifax*, personal information about your credit application. The information which may be given to an agency includes:

- Identity particulars.
- The fact that you have applied for credit and the amount.
- The fact that *Silver Chef Rentals Pty Ltd* is a credit provider to you.
- Repayment history information.
- In specified circumstances, default information (including payment information if you pay a defaulted amount previously listed with a credit reporting body).
- Advice that payments are no longer overdue.
- In specified circumstances, our opinion that you have committed a serious credit infringement and the fact that credit provided to you has been paid or otherwise discharged (including the date of discharge).

☐ I/we hereby agree:

- that I/we are authorised to provide the details entered and that the details are accurate and that my/our information will be checked with the issuer or Official Record Holder
- to *Silver Chef Rentals Pty Ltd* obtaining from a credit reporting agency a credit report containing consumer and commercial credit information about me/us in relation to commercial credit provided by *Silver Chef Rentals Pty Ltd*.

APPLICANT 1

Name

Signature

Date (DD/MM/YYYY)

/ /

APPLICANT 2

Name

Signature

Date (DD/MM/YYYY)

/ /

Promo Code

Please return your completed form to your equipment dealer or SilverChef representative, or email it to us at customersuccess@silverchef.com.au

Clear form

Don't dream, Do.

Contact SilverChef today.

1800 337 153 | silverchef.com.au | [f](#) | [in](#) | [@](#)

