

INTRODUCER ACCREDITATION FORM



COMPANY DETAILS

Is your business a registered business? Company Business

Company, Business or Trading Name

Registered Business Name

ACN/ ABN Date of Incorporation ACL / CR Number

Professional Affiliations eg CAFBA, MFAA, FBAA, etc

Street Address of Business

Suburb State Postcode

Mailing Address (if different to street address)

Suburb State Postcode

Phone Number EMail

Mobile Which other financiers /banks are you accredited with?

Fax

Web address

DIRECTOR/PROPRIETOR CONTACT DETAILS

Director/Proprietor 1

Surname Other names

Drivers licence # Exp Card # DOB

Home phone Work phone

Mobile phone Email

Residential address

Director/Proprietor 2

Surname Other names

Drivers licence # Exp Card # DOB

Home phone Work phone

Mobile phone Email

Residential address

BANK DETAILS - Required for Commission Payments (please complete)

Bank BSB Acct#

DOCUMENTS REQUIRED

- Copy of Identification ie Drivers Lisc (Front and Back) or Passport
- Copy of bank deposit slip

I/ we hereby apply for accreditation with Selfco. I/ we declare the information provided to be true and correct. I/ we authorise Specialist Equipment Leasing Finance Company Pty Ltd t/as SELFCO ACN 099 591 616 to:

- 1.Seek and use Commercial Credit information about me/ us in relation to my/ our application to become a Selfco introducer.
- 2.Seek and use Consumer Credit information about me/ us in relation to my/ our application to become a Selfco introducer.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Name (Print)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Name (Print)	Date