



**DIVISION 7A (DEBIT)
LOAN AGREEMENT ORDER FORM**

NAME:

FIRM:

PHONE:

E-MAIL:

FREECALL 1800 773 477

LENDER

Lender's Name _____
(include ACN if Company)
Trust Name _____
(if applicable)
Street Address _____

Names of ALL Directors _____
(1st listed to be Chairman)
(1st 2 listed to be signatories)

LOAN DETAILS

LOAN 1 Borrower Name/s _____
(include ACN if Company)
Trust Name _____
(if applicable)
Street Address _____

Names of ALL Directors _____
(1st listed to be Chairman)
(1st 2 listed to be signatories)

Where multiple borrowers are named is this a joint borrowing? YES NO

LOAN 2 Borrower Name/s _____
(include ACN if Company)
Trust Name _____
(if applicable)
Street Address _____

Names of ALL Directors _____
(1st listed to be Chairman)
(1st 2 listed to be signatories)

Where multiple borrowers are named is this a joint borrowing? YES NO

LOAN 3 Borrower Name/s _____
(include ACN if Company)
Trust Name _____
(if applicable)
Street Address _____

Names of ALL Directors _____
(1st listed to be Chairman)
(1st 2 listed to be signatories)

Where multiple borrowers are named is this a joint borrowing? YES NO

STATE/TERRITORY OF PROPER LAW (i.e. jurisdiction): _____
(PLACE OF BUSINESS)

PAYMENT DETAILS: Please debit the following credit card in the amount of \$ 198.00 for the first loan and \$27.50 for each additional loan ordered at the same time for this Lender.

TYPE OF CARD: Visa Mastercard *Diners Club *Amex * 3% surcharge applies.

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Please return this Form on FREEFAX 1800 655 556 or call with any queries.