***TECHNOLOGY LEASING (NZ) LTD***

***CUSTOMER APPLICATION FORM***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Date:** |  |  |  | **Channel Partner:** |  |  |  |
|  |  |  | **Channel Rep:** |  |  |  |
|  |  |  | **Phone Number:** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ***CUSTOMER DETAILS*** |  |  |  |  |
|  |  |  |  |  |  |
| **Trading Name:** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Legal Name:** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Site Address:** |  |  |  |  |
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|  |  |  |  |  |  |
| **Phone Number:** |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| ***EQUIPMENT*** |  |  |  | **Capital Value:**(excl. GST) |
|  | **Equipment Covered on Lease:** |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Lease Term Requested:** |  |  |  |  |
|  |  |  |  |  | Maintained / Non-Maintained |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | I authorise Technology Leasing (NZ) Ltd to: |  |
|  | * Collect, retain and use this information for the purpose of assessing my creditworthiness and suitability for the lease and do a namecheck.
 |  |
|  | * Disclose information about me, whether collected from me directly or from any other source, to a credit reporting agency for the purposes of providing or obtaining a credit report.
 |  |
|  |  |  |  |  |  |  |  |
| **Signed By:** |  |  |  | **Date Signed:** |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **OFFICE USE ONLY** |  | Date: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | Credit Check |  |  |  |  | Lease Price Given |  |
|  |  |  | Customer History |  |  |  |  | Term |  |
|  |  |  |  |  |  |