

Tell us a bit about yourself and we'll get to work on finding your best finance options.



Maximum Purchasing Power™ Form.

**Applicant One.**

Surname

Given Names

Gender

Birth Date

Marital Status

No. of Dependents

Drivers Licence No.

Expires

**Contact Details.**

Housing Situation

Current Address

Suburb

State/Post Code

Time at Address

Home Phone

Work Phone

Fax Number

Mobile Number\*

Email Address\*

**Employment Details.**

Occupation

Type of Employment

Employer Name

No. of Years/Months

Previous Occupation

**Income Details.**

Annual Gross Income

Rental Income

Gov Benefits/Other

**Applicant Two. [If Applicable]**

Surname

Given Names

Gender

Birth Date

Marital Status

No. of Dependents

Drivers Licence No.

Expires

**Contact Details.**

Housing Situation

Current Address

Suburb

State/Post Code

Time at Address

Home Phone

Work Phone

Fax Number

Mobile Number\*

Email Address\*

**Employment Details.**

Occupation

Type of Employment

Employer Name

No. of Years/Months

Previous Occupation

**Income Details.**

Annual Gross Income

Rental Income

Gov Benefits/Other

**Loan Details. [of new loan required]**

Loan Amount

Loan Purpose

**Assets & Liabilities.**

Assets	Details	Value
Home	<input type="text"/>	<input type="text"/>
Property 2	<input type="text"/>	<input type="text"/>
Property 3	<input type="text"/>	<input type="text"/>
Car/s	<input type="text"/>	<input type="text"/>
Furniture & Effects	<input type="text"/>	<input type="text"/>
Cash	<input type="text"/>	<input type="text"/>
Superannuation	<input type="text"/>	<input type="text"/>
Shares/Bonds/Other	<input type="text"/>	<input type="text"/>

Liabilities	Bank	Monthly	Balance   Limit
Mortgage   Rent/mo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mortgage 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mortgage 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 2	<input type="text"/>	<input type="text"/>	<input type="text"/>