

VISIONSCOPELENDING

Office: (02) 9438 3945 Email: loans@visionscope.com.au Web: www.visionscope.com.au

INDIVIDUAL BORROWERS

	Individual Borrower 1	Individual Borrower 2
Family Name		
Given Name		
Home Address		
	Postcode	Postcode
Phone Number(s)		
Email Address		
Date Of Birth		
Drivers Licence		
Occupation		

COMPANIES/ TRUSTS

Name:			
ACN:		ABN:	
<input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Borrower <input type="checkbox"/> Joint Applicants <input type="checkbox"/> Guarantor			
Address			
	Postcode		Email Address
Phone Number		Fax Number	

ADVISORS

SOLICITOR		ACCOUNTANT	
Name:		Name:	
Address:		Address:	
Phone:	Fax:	Phone:	Fax:
Contact Name:		Contact Name:	

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Loan Amount	\$	Net (after fees and charges)
Loan Term		
Loan Purpose		
Exit Strategy (How do you plan on paying the loan back)		

SECURITY PROPERTY 1

Address:			
Suburb:		Postcode:	
Use Of Property	<input type="checkbox"/> Investment Property	<input type="checkbox"/> Owner Occupied	
Ownership Of Property	<input type="checkbox"/> Being Purchased	<input type="checkbox"/> Already Owned	
Estimated Value		Rental Value (per week)	
Current Debt		1 st Mortgagee	
Contact Name for Valuer Access		Phone Number(s)	

SECURITY PROPERTY 2

Address:			
Suburb:		Postcode:	
Use Of Property	<input type="checkbox"/> Investment Property	<input type="checkbox"/> Owner Occupied	
Ownership Of Property	<input type="checkbox"/> Being Purchased	<input type="checkbox"/> Already Owned	
Estimated Value		Rental Value (per week)	
Current Debt		1 st Mortgagee	
Contact Name for Valuer Access		Phone Number(s)	

