

ABN: 73 161 287 725

Email: accounts@coastalmcc.com.au

Thank you for your enquiry in relation to Finance through us.

Attached is the application and privacy forms we require to be completed in full please and returned to us along with a copy of your licence front and back and your 2 most recent payslips.

IMPORTANT: It is the applicant's responsibility to ensure all details are true and correct at the time of submitting the application for finance to Coastal Motorcycle Centre. All details will be confirmed via a credit check, and any information knowingly submitted as incorrect may result in an application being declined. In order for Coastal Motorcycle Centre to submit an Application for Finance on your behalf, the following Privacy Forms must be signed. This ensures the applicant gives permission for Coastal Motorcycle Centre to provide personal information to the listed finance companies only and no other third parties.

Your application can be scanned and emailed through with your licence and payslips to Michele at accounts@coastalmcc.com.au.

If you have any questions at all please don't hesitate to contact us on 02 4324-8916.

Kind regards,

The Coastal Motorcylce Sales Team



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FINANCE LOAN APPLICATION

BIKE DETAILS TO FINANCE:

Bike Make/Model:		New or used	: New / Used (please circle)	
Finance Options:				
	SORIES (Include accessories	and parts for the b	ike in addition to the bike price)	
Amount to Finance: Cash Deposit: \$	Trade-in \$ _			
Number of Years for Loan: 2yrs 3yrs	, , ,	e circle preference)	id. a.a.).	
Would you like 12 months Motorcycle Insura O Comprehensive Insurance for all Road Rep	·	application (please t	ick one):	
O Third Party Fire & Theft insurance for all t	-	•		
If you select YES to any insurance product a whether to include or exclude the product fi is included in the loan or not.				
*If a Joint Application is required, a Finance	Loan Application Form is to	be completed by ea	nch person.	
APPLICANT				
Given Name:	Middle Name/s:	Surna	ame:	
Home Ph: Mobi	le:	Work Ph: _		
Email:				
Date of Birth:/	Male / Female	Marital Status:	Single / Married / Defacto	
Drivers Licence No:	Expiry Date / /		Hold Current Riders Licence: Y / N	
No. of Children under 18 in your care:	_			
Current Residential Address deta	ils:			
1. Address:	Suburb:		P/Code:	
Living Arrangements (circle one): Own Home at this Address: yrs mths			- · · · · ·	
Are you on the Rental lease: Y / N A total of 3 years of living arrangements is re 3 years is reached:			Lease (inc yourself): blease supply previous living arrangements u	ıntil



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2.	Address:	Suburb		_ P/Code	:		
Livir	ng Arrangements:	Own Home / Mortga	ge Private Rent	tal Boardii	ng / Sharing	Living with Pare	nts
Tim	e at this Address:	yrsmths					
3.	Address:		Suburb:			P/Code:	
	ng Arrangements: e at this Address: yr	Own Home / Mortg	gage / Private Rental	Boardir	ng / Sharing	Living with Pare	nts
REF	ERENCES Please s	supply 1 reference - Mu	st be a Relative not	currently livir	ng with you:		
1. F	ull Name:		_Contact Ph:		_ Relationship	:	
Add	ress:	S	uburb:	P/Cod	e:		
Ema	nil Address:						
ΕN	IPLOYMENT DE	TAILS					
1. E	mployer Company I	Name:					
Add	ress:		Suburb:		P/Code:		
Emp	oloyer Phone:		Employment Type:	Permanent	Casual	Temp Contract	Self Empl.
Len _{	gth of time Employe v often do you get p	ed: yrsmths aid: Weekly	Job Title: Fortnightly Mo	nthly			_
	Net income pe	r pay period:		Gross Inco	me per Year:	\$	
Any	Other current Inco	me (rental properties / in	vestments/Child supp	ort/ etc):			
	Other Gross In	ncome per Year: \$					
	other income advis l estate agent).	ed, you must be able to s	how proof of income	(i.e rental incon	ne requires m	in 6mths rental state	ment from a
	otal of 3 years of em	ployment is required. If a	bove employment is l	ess than 3 years	s, please supp	ly previous employm	ent history until 3
2. E	mployer Company N	Name:					
Add	ress:		Suburb:		P/Code:		
Emp	oloyer Phone:		Employment Type:	Permanent	Casual	Temp Contract	Self Empl.
Len	gth of time Employe	d: yrsmths	Job Title:				_



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3. Employer C	ompany Name:				
Address:		Suburb:	P/	'Code:	
Employer Phone:		Employment Type: Permanent Casual 1		Casual Temp Contract	Self Empl.
Length of time	Employed: yrsmths _	Job Title:			
CURRENT L	LIABILITIES				
IABILITIES	FINANCE COMPANY NAME (i.e CBA, ANZ etc)	PAYMENT PER MONTH	HAD LOAN FOR (ie 2 yrs, etc)	ORIGINAL BALANCE	BALANCE OWING
Mortgage		/mth			
Mortgage		/mth			
Car Loan		/mth			
Personal Loan		/mth			
Other Loans		/mth			

CREDIT CARDS:

ISSUED BY: (CBA, ANZ etc)	CARD TYPE (Please Circle or advise)	CREDIT LIMIT	BALANCE OWING
	Visa / MasterCard / AMEX / Other:		
	Visa / MasterCard / AMEX / Other:		
	Visa / MasterCard / AMEX / Other:		
	AFTERPAY./ZIP PAY		
	OTHER PAYDAY LENDERS		



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GENERAL LIVING EXPENSES:

DESCRIPTION	COST PER MTH
FOOD & DRINK	
CLOTHING/FOOTWEAR & PERSONAL CARE	
MEDICAL/HEALTH EXPENSES/PET CARE	
TRANSPORT & RUNNING COSTS	
RECREATION & OTHER SPENDING	
INSURANCES AND UTILITES	
MOBILE PHONE/INTERNET	
CHILDCARE/SCHOOL FEES PRIVATE/PUBLIC	
SUBSCRIPTIONS	
OTHER EXPENSES NOT LISTTED	

CURRENT ASSETS:

DESCRIPTION	DETAILS (ie - address, make/model etc)	CURRENT VALUE
PRIMARY RESIDENCE		
INVESTMENT PROPERTY		
VEHICLE		
VEHICLE		
OTHER ASSETS		

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