

Tel: (011) 420-2572
 Fax: (011) 420-2263
 sales@taylormademotors.co.za
 www.taylormademotors.co.za



APPLICATION FOR INSTALMENT FINANCE-PG1

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>
DEALER/BRANCH					TEL NO.
CONTACT PERSON		SALES PERSON			FAX NO.
CASH PRICE (VAT INCL.)	VATABLE EXTRAS (VAT INCL.)			<input type="checkbox"/> INSTALMENT	<input type="checkbox"/> LEASE
ADD COVER	RADIO /CD			TERM	
LICENCE/REG	NUMBER PLATES			RATE	
CREDIT LIFE	WARRANTY			<input type="checkbox"/> ADVANCE	<input type="checkbox"/> ARREARS
DEPOSIT/TRADE IN	OTHER			RESIDUAL	
FINANCE AMOUNT R	OTHER			INSTALMENT R	
PERSONAL DETAILS		TITLE	SURNAME		ID NO.
FULL NAMES				INITIALS	DEPENDANTS
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	MARRIED	<input type="checkbox"/> ANC	<input type="checkbox"/> COP	<input type="checkbox"/> SINGLE
					<input type="checkbox"/> WIDOWED
HOME ADDRESS					PERIOD
TEL(H)	TEL(W)	CELL	FAX	EMAIL	
POSTAL ADDRESS					CODE
PREVIOUS ADDRESS					PERIOD
SPOUSE NAMES			SPOUSE ID		
NEXT OF KIN					RELATIONSHIP
ADDRESS					TEL
BOND DETAILS		BOND HOLDER		AMOUNT OUTSTANDING	
PROPERTY VALUE R	INSTALMENT R		/M	PURCHASE PRICE	
DATE PURCHASED	REGISTERED	<input type="checkbox"/> OWN NAME	<input type="checkbox"/> SPOUSE	RENTING R	
EMPLOYER DETAILS		EMPLOYER		OCCUPATION	
EMPLOYER ADDRESS			TEL	NO. OF YEARS	
SALARY DATE		PREVIOUS EMPLOYER			NO. OF YEARS
SPOUSE EMPLOYER					NO. OF YEARS
TEL			OCCUPATION		
BANK DETAILS		BANK NAME		BRANCH NAME	BRANCH CODE
NAME OF ACCOUNT HOLDER			ACCOUNT NO.		
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION	<input type="checkbox"/> CURRENT		
NEDBANK CLIENT	BRANCH	ACCOUNT NO.	INSTALMENTS	PAID UP/CURRENT/TO BE SETTLED	
TRADE REFERENCE	BRANCH	ACCOUNT NO.	INSTALMENTS	PAID UP/CURRENT/TO BE SETTLED	
ETHNIC GROUP	<input type="checkbox"/> AFRICAN <input type="checkbox"/> COLOURED <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE				
LANGUAGE PREFERENCE	<input type="checkbox"/> ENGLISH (PRIMARY) <input type="checkbox"/> AFRIKAANS (FOR EXPLANATORY VERSION) <input type="checkbox"/> OTHER:				

Signature _____ Date _____

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APPLICATION FOR INSTALMENT FINANCE-PG2

APPLICANT INITIALS		SURNAME	
ID NO.			
PERSONAL APPLICATION FORM			
SALARY DETAILS		OWN	SPOUSE
BASIC MONTHLY (EXCL CAR ALLOWANCE)	R		R
CAR ALLOWANCE	R		R
TOTAL SALARY (BASIC & CAR ALLOWANCE)	R		R
MONTHLY COMMISSION	R		R
NET TAKE HOME PAY	R		R
INCOME OTHER THAN SALARY/WAGES**	R		R
SOURCE OF OTHER INCOME**			
TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER)		R	
HOUSEHOLD EXPENSES PER MONTH			
BOND PAYMENT / RENT	R	RATES, WATER AND ELECTRICITY	R
VEHICLE INSTALMENTS (EXCLUDING THOSE TO BE SETTLED)	R	PERSONAL LOAN REPAYMENTS	R
CREDIT CARD REPAYMENTS	R	FURNITURE ACCOUNTS	R
CLOTHING ACCOUNTS	R	OVERDRAFT REPAYMENTS	R
POLICY / INSURANCE REPAYMENTS	R	TELEPHONE PAYMENT	R
TRANSPORT COSTS	R	FOOD AND ENTERTAINMENT	R
EDUCATION COSTS	R	MAINTENANCE	R
HOUSEHOLD EXPENSES	R	OTHER	R
TOTAL MONTHLY HOUSEHOLD EXPENSES	R		
HOUSEHOLD SURPLUS/DISPOSABLE INCOME	R		
ARE YOU CURRENTLY LIABLE AS <input type="checkbox"/> SURETY <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-DEBTOR			
SPECIFY DETAILS			
IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING			
PLEASE TICK YOUR PREFERRED METHOD OF COMMUNICATION <input type="checkbox"/> ALL <input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> TELEPHONE <input type="checkbox"/> SMS			
I confirm that: A. I am not a minor. B. I have never been declared mentally unfit by a court. C. I am not subject to an administration order. D. I do not have any current application pending for debt restructuring or alleviation. E. I do not have any current debt re-arrangement in existence. F. I have not previously applied for a debt re-arrangement. G. I am not under sequestration. H. I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act. If any of the above is incorrect, state which and give details: _____ I. I hereby grant the Credit Provider the right to communicate with me through any electronic/written media of verbally in order to make available to me, their product offering. <div style="text-align: right;">Y <input type="checkbox"/> N <input type="checkbox"/></div>			
I hereby give consent to the Credit Provider to make enquiries about my credit record with any credit agency and to obtain whatever information on me they might require to process the application. I also give consent to the Credit Provider to share my payment behaviour with any credit agency. I hereby give consent to the Credit Provider to make enquiries about my credit record with any credit agency and to obtain whatever information on me they might require to process the credit application and / or application for insurance. I hereby declare that all of the above information is true and correct.			
Signature _____		Date _____	