

Debt Consolidation Application

Fax to: 1300 368 427



InterPrac Consultant : _____

Date: _____

Referrer Name:	Phone:
Firm:	Fax:
Email:	

PERSONAL DETAILS

Applicant name(s): _____

Company Name(S): _____

Marital Status: Married Single De Facto Divorced Dependents Age(s): _____

Employment Status: F/Time P/Time S/Employed Casual

Income: \$ _____ PA Rental Income: \$ _____ PA

Other: \$ _____ PA

CURRENT LIABILITIES

Address: _____ EMV\$: _____ OWING\$: _____

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EMV = Estimated Market Value.

CREDIT HISTORY

No. of defaults: _____ Amount: \$ _____

No. of judgements: _____ Amount: \$ _____

Bankrupt: YES NO Date of Discharge: _____

Primary Tax Debt Amount: \$ _____ GIC Debt Amount: \$ _____

Penalties / Fines: \$ _____ Age of Debt: _____

LOAN DETAILS

Loan Amount: \$ _____

Loan Purpose: Business Investment Personal

NOTES: _____

Freecall: 1800 700 666