



CHALLENGOR[®] FINANCE

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We are an authorised financial service provider. We are a registered credit provider in terms of the National Credit Act (NCR Reg No. NCRCP 314)

OFFICE USE ONLY

Auth:
Acc No.:
Inv:
Pymt Ref:

PRE-AGREEMENT STATEMENT AND QUOTATION

SURNAME..... MR MRS MISS I.D. No.....
 FORENAMES..... MARITAL STATUS.....
 KNOWN AS..... PHONE NO (H) ()..... CELL NO:.....
 HUSBAND / WIFE..... NO. OF DEPENDANTS..... PHONE NO (W) ().....
 HUSBAND / WIFE I.D.NO..... E-MAIL:

RESIDENTIAL ADDRESS	TRADITIONAL HOME:	POSTAL ADDRESS	RENT AMOUNT	How Long
CURRENT:				
			If less than 5 years PREVIOUS:	
RENT OR OWN				

EMPLOYER	WORK ADDRESS	CLOCK NO:	Occupation	Gross Salary/Wage	How Long
CURRENT:					
		DEPARTMENT	PAY DATE	NAME OF SUPERVISOR	
PREVIOUS:		Occupation:		How Long:	

APPLICANTS INCOME AND EXPENDITURE				TOTALS			
OTHER MONTHLY INCOME	R	OTHER ACCOUNT PAYMENTS (Home/Car/Clothes)		R			
		MONTHLY EXP. (Rent/School Fees/Travel/Medical/Utilities)		R			
(SPECIFY WHETHER COMMISSION, BONUSSES, RENTALS etc)		ARE YOU CURRENTLY UNDER DEBT REVIEW		YES		NO	
		I WOULD LIKE TO BE INCLUDED IN MARKETING CAMPAIGN		Y		N	

HUSBAND OR WIFE'S EMPLOYER	WORK ADDRESS	CLOCK NO:	Occupation	Gross Salary/Wage	How Long
CURRENT:					
		DEPARTMENT	PAY DATE	NAME OF SUPERVISOR	
PHONE NO: (W): () EXT.					

NAME OF RELATIONS, FRIEND OR GUARANTOR	ADDRESS	EMPLOYER	HOME TEL	WORK TEL
1				
2				

DESCRIPTION OF GOODS	R	C	FOR OFFICE USE ONLY	R	C
			PURCHASE PRICE		
			LESS: DEPOSIT		
			PRINCIPAL DEBT		
TOTAL PURCHASE PRICE INC. VAT.			INITIATION FEE		

INSTALMENT SALE DETAILS			VAT
DEPOSIT PAID R	RECEIPT No:		FINANCE CHARGES
DEALER NAME:	SALES PERSON:		TOTAL
NUMBER OF MONTHS:	DEALER'S INVOICE NO:		MONTHLY FEE
BANKERS:	BRANCH:		TOTAL DEBT
BANK ACCOUNT NUMBER:			MONTHLY INSTALMENT
ACCOUNT TYPE <input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRANSMISSION			FINAL INSTALMENT
METHOD OF PAYMENT:			AUTHORISATION NUMBER
DEBIT ORDER DATE:			DATE
ADDRESS WHERE GOODS WILL BE KEPT:			CREDIT PASSED BY

I hereby authorise you to draw against my bank account, by debit order, for any amounts necessary for monthly repayments on the Loan Agreement and as detailed herein. I also certify that the above information is all true and correct. I further authorise CHALLENGOR FINANCE to give and receive any of my credit information to and from any credit bureau.

ID verified Orig. P/Slip Orig. Bnk St.
I acknowledge that I have seen all the original documents and have verified that they belong to the person applying for the loan.

Co-Principal Debtor/
Customer Signature..... Spouse Signature.....
Date..... Date.....

Merchant Signature.....
Date.....