

**Documentation required**

- Completed application for credit and direct debit authority
- Latest audited/or external accountant prepared and finalised company financial accounts (no older than 18 months)
- Directors/Trustees (where applicable) to complete Individual Privacy Waiver, and provide a copy of drivers license for identification purposes

Please forward original credit application and supporting documents to your FleetPartners contact at our office located in:

Auckland  Hamilton  Wellington or  Christchurch with postal address details located on page 2.

Attention \_\_\_\_\_

Motor vehicle operating lease                       Motor vehicle finance lease                       Other \_\_\_\_\_  
 Options:  Fully maintained OR  Non-maintained                       Fuel cards

**Company/Organisation details**

Company/Organisation name

The organisation is (tick one)  Incorporated company     Incorporated trust/Or society     Other (specify)

Company/Organisation activity

Number of years in operation     Number of employees     Fleet size     Company Incorporation no.

NZTA No.     Incorporated trust or society no.     TSL No.

Status     Govt/SOE     Public Listed     Offshore company subsidiary     Private     Other \_\_\_\_\_

Physical Trading address		Postal address (if different)	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Company/Organisation contact person details**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Directors/Shareholders/Main trustees/Incorporated society Board member details**

Parent company name (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note: Motor vehicle insurance certificate of currency with FleetPartners interest recorded to be provided from applicants insurer prior to the delivery of any vehicle.**

### Acknowledgment and signoff

I/we warrant that the information provided herein is true and correct and I/we acknowledge it will be relied upon by FleetPartners to determine whether or not to accept my/our application for credit.

I/we acknowledge that the leasing of any vehicles by me/us from FleetPartners is subject to FleetPartners motor vehicle leasing terms and conditions agreement and/or FleetPartners finance leasing terms and conditions agreement. I/we agree to be bound by them and in addition the terms within FleetPartners operating lease "Fair Wear and Tear" guide.

### For and behalf of (full company name or incorporated trust / Society or other)

Name (print full name)

Signature

Date

Director / authorised officer or signatory (please delete what is not applicable)

Name (print full name)

Signature

Date

Director / authorised officer or signatory (please delete what is not applicable)

### Other services we provide:

- Fuel cards
- Fleet management services
- Sale and lease back

#### AUCKLAND

61 Mountain Road  
Mt Wellington  
Manukau 2241  
PO Box 98899  
Tel. +64 9 570 3900  
Fax +64 9 570 3939

#### HAMILTON

Suite B  
543 Te Rapa Rd  
Te Rapa  
Hamilton 3200  
Tel: 0800 372 632  
Fax +64 7 850 1329

#### WELLINGTON

20 Barker Street  
PO Box 11800  
Wellington 6142  
Tel. +64 4 802 2730  
Fax +64 9 4 801 8101

#### CHRISTCHURCH

Corner Montreal  
& Wilmer Street  
PO Box 3253  
Christchurch 8011  
Tel. +64 3 353 2360  
Fax +64 3 377 1336