

Training dates and Licensee/s details.

Preferred training dates	/...../20..... to/...../20.....	
	Licensee 1	Licensee 2	
Name/s			
Address			
Phone/Mobile			
Email			
Date of Birth			
Drivers License			
ABN (Can be applied for at training)			

Total amount of business investment.

Business item		Amount	Total.
Full Business License package. (Not equipment)		\$37,000	\$37,000
Insurance policy. Is included, or you can choose to deduct?	Deduct? YES or NO (Circle YES to deduct)	\$1,500	-\$
Total for Business:- With Insurance. = \$37,000 / :- Without Insurance \$35,500			\$
Any extras or discounts?			A=\$

1 st deposit \$1,000, then 2 nd deposit or full balance.	B=\$	A – B = Balance due
Deposit paid. (2% surcharge on Credit Cards) Date...../...../ 20..... ____/____/____/____ Exp____/____ CVC____ Please forward 7+ days before training to confirm dates and start advertising.	\$ 1,000 \$	\$
2nd deposit or full balance due 1st morning at training. Date...../...../20.....	\$	\$

**If paying full balance after 1st deposit, your application is complete.
Please sign and date bottom of page 2/5**

--Stop here if making full payment-- -----Continue if applying for Easy Payment Plan (E.P.P.).....

Please continue application for Easy Payment Plan (E.P.P.).

	Licensee 1	Licensee 2
Nearest relative living elsewhere		
Address		
Phone / Mobile		

Licensee/s combined financial statement.

Assets	Asset Value (A)	Amount owing (B)	Net Position (A-B)
Furniture / Other.			
Vehicles.			
Savings.			
Real Estate/s.			
Total (each column)			

Approximate current monthly savings, after all home / living expenses.

Current Employer / Business:-

Any comments:- Years of work history? Business? Family? Sports? Church? Contacts? Etc.

I do solemnly declare, that all above information is my own entry. It is all true and accurate, without reservation.

Forward funds to:- Bank:- NAB Spray Pave Australia Pty Ltd:- BSB:- 085-005 Account Number:- 47442-2379

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