

COMMERCIAL APPLICATION FORM

576 Kiewa Street, Albury NSW 2640 Postal: PO Box 484, Albury NSW 2640

T: 02 6055 0000 E: enquiries@dixoncre.au W: www.dixoncre.au

- This form must be completed in full before submitting contact our office if you have any questions.
- You will be contacted as soon as practicable in regard to the status of your application. This agency is not obliged to provide a reason for any application that is unsuccessful.
- By signing this form, you acknowledge that you have read and understood the above and that all information provided in this application is true and correct and also agree that the agent is permitted to make independent reference and credit checks in regard to this application.

Today's Date: /	1						
Property Address:							
Proposed Commencement Date: / /							
Name of Occupier/Business:							
Intended Use:							
Solicitor:							
TENANT DETAILS:							
Title:	First Name:	Surname:					
Please select appropriate	: Company Individual						
Trading As:							
Company Address:							
Postal Address:							
Phone:							
Email:							
Accounts Email:							
ABN:	ACN:						
DIRECTOR/S and/or PERSONAL DETAILS: (Full names and addresses must be provided)							
DIRECTOR/S and/or PERS	SONAL DETAILS: (Full names and addre	esses must be provided)					
Title:	SONAL DETAILS: (Full names and addre	Surname:					
Title:		Surname:					
Title: Personal Address:	First Name:	Surname:					
Title: Personal Address: Date of Birth:	First Name: Driver's Licence/Pas	Surname:					
Title: Personal Address: Date of Birth: Mobile:	First Name: Driver's Licence/Pas	Surname:					
Title: Personal Address: Date of Birth: Mobile: Email:	First Name: Driver's Licence/Pas Business Phone:	Surname:					
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	USINESS RENTAL HISTORY: (If N	OT applicable go to Trade References)	
Cı	urrent Address:		
PI	lease select appropriate: 🗌 Renti	ng through an Agent	
Cı	urrent Landlord/Agent:		
Pł	hone:	Period of Occupancy:	
TF	RADE REFERENCES: (Accountant	and Businesses you have an account with)	
1.	Business Name:		
	Contact Name:		
	Address:	Phone:	
2.	Business Name:		
	Contact Name:		
	Address:	Phone:	
3.	Business Name:		
	Contact Name:		
	Address:	Phone:	
ind ma int oth the Th	cluding the landlord, referees, financial if ay also be disclosed to the Agent and/ternet. The Agent will only disclose information herwise allowed under the Privacy Act of e Agent, they can do so by contacting the Applicant can also correct this information.	may be disclosed for the purpose for which it was collected, nstitutions, other agents, third party operators of tenancy refer or landlord. The Agent may also disclose information to other mation in this way to other parties to achieve the purpose species. If the Applicant would like to access his/her personal information if it is inaccurate, incomplete or out of date. If the inforcess the application.	ence databases r parties on the ecified above or rmation held by
pro	ovided, the Agent may not be able to pr	oooo are approximent	
-	IGNED BY THE APPLICA		
-		NT/S /	
-	IGNED BY THE APPLICA	ANT/S Full Name /	formation is not
-	Signature	Full Name Da	formation is not
-	Signature	Full Name Full Name / Full Name / / / / / / / / / / / / / / / / / /	formation is not