



**CREDIT UNION
AUCKLAND**



Ruth Rogers
Manager

09 571 6775
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Spa International
244 Konini Rd, Titirangi, Auckland 0604
Tel 0800-772 766 Fax 09-525 2280

CREDIT UNION AUCKLAND LOAN APPLICATION

(1) Mr / Mrs / Miss / Ms

Surname _____

First name /s _____

(2) Mr / Mrs / Miss / Ms

Surname _____

First name /s _____

Address _____

Tel - business _____

Tel - private _____

(1) Date of birth _____ / _____ / _____

(2) Date of birth _____ / _____ / _____

Loan amount required \$ _____

Purpose of loan To purchase a Plug 'n Spa

Do you own your own home? Yes / No

Estimated value of your home \$ _____

Do you have a mortgage? Yes / No

Mortgage to _____

Amount owing on your mortgage \$ _____

(1) Net income after tax \$ _____ Weekly / Fortnightly / Monthly

(1) Occupation _____

(1) Employer _____

(2) Net income after tax \$ _____ Weekly / Fortnightly / Monthly

(2) Occupation _____

(2) Employer _____

I / We certify that the information declared is true and correct in every particular.

I / We authorise any person or company to provide Credit Union Auckland with such information that Credit Union Auckland may require in response to its credit inquiries.

I / We authorise Credit Union Auckland to furnish any third party details of this and any subsequent dealings that I / we may have with it.

Signed _____ Date _____ / _____ / _____

Signed _____ Date _____ / _____ / _____

Please complete this form and fax or mail it to Spa International