



APPLICATION ORIGINATOR ACCREDITATION

Please fax or Email with supporting information to:

Global Capital Commercial

Fax: (02) 9222 9500

Email: broker@globalcapital.com.au

Your Aggregator: _____

Please provide details: _____

Your Business

Business

Business Company Name: _____

Are you registered for GST purposes? Yes NO A.B.N. _____

Business Structure (x tick appropriate description):-

Company Firm Partnership Sole Trader Trust

Trading Name: _____

Business Address: _____

Postal Address: _____

Telephone No: () _____ Fax No: () _____

Mobile No: _____ Email Address: _____

Web Page: _____

Date of Business Commencement: _____

Description of main business operations: _____

Existing introducer relationships with other lenders

Financial institution	Length of Association	Accreditation held? Y/N	Bank ID Number/ Source Code
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	

Expected volume per month to Global Capital Corporation \$ _____

