



**The Incorporation People**

A division of Corporate Representatives  
Pty Limited ABN 85 000 540 741

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Brookvale NSW 2100

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**LOAN AGREEMENT ORDER FORM**  
(Division 7A of Part III of the Income Tax Assessment Act)

**Company Name:** \_\_\_\_\_ **ACN:** \_\_\_\_\_

**We attach a copy of the last Company Statement** (including notification of any subsequent changes)

**Member:**

Full Name: \_\_\_\_\_  
(Given Names) (Surname)

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

**Associate (being an associate of the Member):**

Full Name: \_\_\_\_\_  
(Given Names) (Surname)

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

**Details of Loan**

Maximum Amount of Loan: \$..... Amount per annum: \$.....

Drawdown Date or Period: Date ...../...../20..... or Period: Y/E 30th June, 20..... to 30th June, 20.....

**Interest Rate Payable** (tick as applicable):

- The highest of ..... percent (.....%) and the minimum interest rate adopted for the purpose of Division 7A of Part III of the Act.
- The rate of ..... percent (.....%) above the minimum interest rate adopted for the purpose of Division 7A of Part III of the Act.
- The minimum interest rate adopted for the purpose of Division 7A of Part III of the Act.

**Term of Loan:** ..... years or  The maximum term of 7 years allowed by Division 7A.

ORDERED BY		PAYMENT DETAILS	
Company name		<input type="checkbox"/> Bankcard	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Contact name		Number	Expiry date Name
Address		<input type="checkbox"/> Direct deposit	(Account details below. Please fax confirmation)
Phone/Fax		CorpReps BSB 062287 A/c No. 10282947	Commonwealth Bank, Brookvale, NSW
		<input type="checkbox"/> Bank cheque	<input type="checkbox"/> Cash
		<input type="checkbox"/> Approved Client: A/c No.: .....	
DELIVERY DETAILS			
Personal collection	<input type="checkbox"/>	Courier	<input type="checkbox"/>
		<b>Please note: The person placing the order is responsible for payment of the account</b>	