HIRE PURCHASE APPLICATION



Please return via email to:

Email subject: Hire Purchase MCCD FATPower: "please state model"

Email: hp.fatpower@focusappliedtechnologies.com

Phone: +60 11 1632 2699

1. Lessee Compa	ıny Informa	tion										
Company Name					Company Address							
Email Address												
Business Classification	Phone				Fax							
Sole Proprietorship												
Partnership	Company LHDN Tax Number			oer	Duration of Operation Months Years							
2. Lessee Person	ı-in Charge											
Name	ddress											
Email	Phone Number				Income Tax Number							
Position			_	uration of Se			Months Years					
3. Company Banl	k Reference	s										
Bank Name Account N		Account Nur	nber		Officer Phone Numb			per Con		ntact Officer		
4. Proposed Equi	ipment Acq	uisition			<u> </u>							
Equipment to be financed					Down Payment RM15,000.00							
Model :				,	attached p	payment .	slip)					
5. Terms and Co	ndition											
Payment Due Finance Charges Every 5 th of the month 10% p.a				nance Charge er month (cha				Duration 30 Month		Cost of HP Application Borne by applicant		
	cannot be rui	every month in without secuight to refrain	ırity numbei	provided by	FATPowe	er -		will not be p	rovided until p	ayment is rec	eived.	
6. Application Sig	gnature											
The above information, for the purpose of obtainabove who is either a pibe a factor in the evaluincluding but not limited same. Focus Applied Tinancial responsibility of your of the property	ining credit an orincipal, a per ation of the cr d to obtaining echnologies S (if needed). Yo	d is warranted sonal guarant edit history of a consumer of the consumer of the consumer and understand	to be true, for, or a sole the applica redit report, reby authori I that such i	correct, and e proprietor o nt, has provid and shall ho zed to invest	complete f the cred ded his/he ld Focus / igate (dire	The und applica or written Applied Tectly or the	dersigned int, recogn authoriza echnolog irough an	I thereby wanizing that hat hat hat hat hat hat hat hat ha	arrants that an nis/her individu uiry into their o d and its assion ominee) your/t	y individual idual credit histo credit worthine gnees harmles heir credit and	entified ry may ss, ss from	
responsibility of your officers and principal (or any of them). Name Sign					nature D				Date			
Position												
Office use												
Check By Approved By		By Total Ar		ount to be fi	Total L	Total Loan Payable			t Code Numb	er		

Date Approved