

# Smash Repairers Factoring Company

ABN 75 940 185 975

PO Box 2716 Taren Point NSW 2229

Phone 02 8515 0155 Fax 02 8515 0157

Email michaelbryant@factoring.com.au

## APPLICATION FORM

Trading Name of Smash Repair Shop		State Business Registration No:	
Address	Street name and number		
Suburb	State	Postcode	
Email Address:			
Telephone	Facsimile		
<b>TYPE OF FUNDING</b>			
<input type="checkbox"/> General Smash Repairs Factoring Only		OR	<input type="checkbox"/> General Smash Repair Factoring and Parts Funding
<b>OWNERSHIP DETAILS</b>			
Type of Entity	If Company, do you sign under seal? Yes / No		ABN
Proprietor/Company Name (if applicable)			ACN
Please supply details of Owner (if Sole Trader), Partners (if Partnership), Directors (if Company):			
	Owner/Partner/Director 1	Owner/Partner/Director 2	Owner/Partner/Director 3
Owner's/Partner's/Director's Name			
Home Address			
Residential Status	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent
Home Phone No.			
Position in Company			
Date of Birth			
Driver's Licence No.			
Years in Current Business			
Years Management Experience In Panel Shop Industry			
<b>BUSINESS DETAILS</b>			
Current business existing for	Years	Total Number of Staff	
The position of outstanding taxes at: ...../...../.....			
GST	Current Owing	\$	Overdue Owing \$
Group Tax	Current Owing	\$	Overdue Owing \$
Manager's Name	Person to contact about paperwork		
<b>PROPERTY AND EQUIPMENT DETAILS</b>			
Size of premises	m2	<input type="checkbox"/> Lease <input type="checkbox"/> Own	
Booth / Oven	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age: yrs	<input type="checkbox"/> Lease <input type="checkbox"/> Own

Jig System <input type="checkbox"/> Yes <input type="checkbox"/> No	Age: yrs	<input type="checkbox"/> Lease <input type="checkbox"/> Own
<input type="checkbox"/> Computerised <input type="checkbox"/> Non Computerised		
Tow Trucks - Number:	Age: yrs	<input type="checkbox"/> Lease <input type="checkbox"/> Own
Computer Quoting System <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FlexiQuote <input type="checkbox"/> AutoQuote <input type="checkbox"/> Quickquote	<input type="checkbox"/> PPG <input type="checkbox"/> Other

### SALES & INSURANCE COMPANY DETAILS

Average sales per month, excluding non approved work.

Total Sales Per Month (\$): \_\_\_\_\_ Percentage Intended to Factor (%): \_\_\_\_\_

Which insurance companies are you a ( Preferred,Guaranteed,Authorised Repairer for? Please list.

Which Car Makers are you an approved Repairer for? Eg Subaru etc Please List.

### BANKING DETAILS

Bank	Branch	Account Name
BSB		Account No.

### Applicant's Declaration

#### PLEASE READ CAREFULLY AND SIGN

I/We hereby apply for an Smash Repairers Factoring Company factoring facility. I/We have read and understood the particulars which have been completed in this form, and declare that they are true and complete.

I/We hereby acknowledge and agree as follows:

#### Acknowledgement and consent that credit information may be given to a credit reporting agency.

I/We acknowledge that the Privacy Act (the Act) allows Smash Repairers Factoring Company to give a credit reporting agency certain personal information about me/us which I/we authorise Smash Repairers Factoring Company to do. This information includes:

- information about me/us which will allow me/us to be identified.
- the fact that I/we have applied for credit and the amount.
- the fact that Smash Repairers Factoring Company is a credit provider to me/us.
- details of payments which become overdue more than 90 days and for which collection action has commenced.
- advice that payments are no longer overdue.
- that in Smash Repairers Factoring Company's opinion I/we have committed a serious credit infringement.
- that the credit provided to me/us by Smash Repairers Factoring Company has been discharged.

#### Authority for Smash Repairers Factoring Company to obtain certain credit information.

To enable Smash Repairers Factoring Company to assess my/our application for commercial credit, I/we authorise Smash Repairers Factoring Company:

- to obtain from a credit reporting agency credit reports containing personal credit information about me/us and about my/our commercial activities or commercial credit worthiness.
- to obtain from my/our accountant such financial information as Smash Repairers Factoring Company may require.

#### Authority to exchange information with other credit providers.

I/we authorise Smash Repairers Factoring Company to give and obtain from credit providers named in this credit application and credit providers that may be named in a credit report issued by a credit reporting agency information about my/our credit arrangements including any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or received from each other under the Act.

SIGNATURE OF APPLICANT: ..... DATE: ...../...../.....

SIGNATURE OF CO-APPLICANT (if applicable): ..... DATE: ...../...../.....

If the applicant is a company this declaration is to be signed by each director. If the applicant is a partnership, each partner to sign.