



FORM B FACTORING SERVICES SCHEDULE

Name of Smash Repairer (in full):

ACN / ABN

One of these Form B's must be completed for each batch of invoices you send us.

No	Insurance Company Name	Repairers Invoice Number	Invoice Face Value	(Office Use Only)		
				Discount	Sale Price	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Repairer Check List ✓

For each invoice listed above we attach:

- A Form C
- The Insurer Repair Authority
- The Assessors approved quote (if the repair authority lacks labor or parts \$ value)
- The Assessor approval of additional
- A Customer Signed Vehicle Collection Certificate (either Insurer or WCF's Certificate)

<p>Working Capital Finance Pty Limited</p> <p>Ph (02) 9968 2328</p> <p>Fax (02) 9968 2564</p> <p>A.B.N. 71 116 169 021</p> <p>POSTAL ADDRESS:</p> <p>PO BOX 84, MOSMAN, NSW, 2088</p>	<p>\$ Value of Invoices \$</p>		<p>Total Discount \$</p>	<p>Net Amount Paid By WCF \$</p>	
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