



FORM C

POSTAL ADDRESS: PO BOX 84
MOSMAN, NSW, 2088
Ph: 02 9968 2328; Fax: 02 9968 2564
Email: admin@workfinance.com.au

NOTICE OF SALE AND DIRECTION TO PAY

COMPLETE ONE FORM FOR EACH INVOICE SOLD TO WORKING CAPITAL FINANCE

TO:(insert name of Insurance Co.)

I/WE:.....(insert repairers business name) (hereinafter called "The Client"), hereby give you notice that pursuant to a Factoring Agreement made between the Client of the one part and WORKING CAPITAL FINANCE PTY LIMITED A.B.N 71 116 169 021 of the other part the Client has sold to the said WORKING CAPITAL FINANCE PTY LIMITED all its right, title and interest in a debt or sum of \$ due and owing by you to me/us being the amount due under Invoice No. dated and accordingly I/we require and direct you to pay the same to the said WORKING CAPITAL FINANCE PTY LIMITED, by crediting the following bank account -

Repairer
please
fill in all
blanks

WORKING CAPITAL FINANCE PTY LTD

Name of Bank: COMMONWEALTH BANK
Branch Address: 309-315 George St,
Sydney, NSW, 2000
BSB: 062009
Account Number: 10378199

This direction is given for valuable consideration received and is irrevocable.

DATED THISDAY OF 200_

FOR AND ON BEHALF OF THE CLIENT:
(Insert repairers business name).....

(Repairers/Owners/Agents Signature here).....

Claim No.....Insured Customer's Name

VehicleReg. No.

Repairer
please
fill in all
blanks