

APPLICATION FORM

WORKING CAPITAL FINANCE PTY LTD (ACN 116 169 021) PO BOX 84 MOSMAN NSW 2088
 Phone: 02 9968 2328 Fax: 02 9968 2564 Email: accounts@workfinance.com.au

Trading Name of Panel Shop (in full please, include any Company and/or Business Names used):			
Telephone		Facsimile	
MTA Membership Number (only if applicable):			
Repairers Lic. No: (Attach photo)		Business Reg. No. (Attach photo)	
ABN (Attach Photocopy)			
Business Address: Street name and number			
Suburb		State	Postcode
Postal Address (only if different to above)			
YOUR BUSINESS DETAILS			
Entity Type (circle one) ----->	Sole Trader	Partnership	Company
Please supply details of Owner (if Sole Trader), Partners (if Partnership), Directors (if Company):			
Cross out what's not applicable->	Owner/Partner/Director	Owner/Partner/Director	Owner/Partner/Director
Owner's/Partner's/Director's Name (in full)			
Home Address			
Residential Status	Own Home Rent	Own Home Rent	Own Home Rent
Home Phone No.			
Mobile Phone No.			
Position in Company			
Date of Birth			
Driver's Licence No. (please provide a photocopy)			
Years in Current Business			
Years Experience In Panel Shop Industry			
Current business existing for Years.....	Manager's Name:		
Total Number of Staff	Person to contact about paperwork:		
Please provide details of two (2) Motor Vehicle Loss Assessors who may be contacted as referees:			
Name	Company		Phone No.
YOUR BANKING DETAILS – PLEASE FAX BACK A COPY OF A BANK DEPOSIT SLIP FOR THIS ACCOUNT			
Bank	Branch	Account Name	
BSB	Account No.		