



# FORM B FACTORING SERVICES REQUEST SCHEDULE

Name of Smash Repairer:

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

**Repairer Check List**

For each invoice listed above (except Estimage Invoices) we attach:

- The Insurer Repair Authority
- The Assessors approved quote (if the repair authority lacks EXACT labour or parts \$ value)
- The Assessor approval of Additional
- A customer signed **Vehicle Collection Certificate** (either Insurer or WCF s Certificate)

**Estimage Invoices** – as noted on Invoices listed above

- We have sent it to Insurer via Estimage with WCF noted as the Factoring Company
- We attach a **customer signed Vehicle Collection Certificate**

**Authorisation**

We ..... (Repairer) confirm the irrevocable appointment of WORKING CAPITAL FINANCE PTY LTD (“WCF”) and each Authorised Officer of WCF as its attorney to complete and sign a “Notice of Sale and Direction to Pay / Form C” related to Factoring Services for the invoices listed above as allowed for in Clause 4.1 (a) of our Factoring Agreement with WCF.

Dated this ..... day of ..... 2015

**Smash Repairer Signature:**

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