

Able Factors

Application Form

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BUSINESS INFORMATION

Business Trading Name _____

Registered Business Address _____
Number – Street – Suburb – Postcode

Number of years in this business: _____ **Number of people employed** _____

Business structure: Sole Trader _____ Partnership _____ Trust _____ Company _____

Business premises are: Owned _____ Mortgaged _____ Leased _____

Business Banking: Bank Name _____
Branch Name _____
Account Name _____
BSB _____ **Account No.** _____

ABN _____ **Telephone No** _____

Fax No _____ **Mobile No** _____

Owner's Name _____

Home premises are: Owned _____ Mortgaged _____ Leased _____

Home Telephone No. _____ **Mobile No.** _____

Home Address _____
Number – Street – Suburb – Postcode

Driver's Licence No. (Please provide a copy) _____ **Date of Birth** _____

If you are a company:

Full company name _____ **ACN No.** _____

Registered Company Address _____
Number – Street – Suburb – Postcode

Director details _____

- Trade References**
1. _____
 2. _____
 3. _____

DECLERATIONS AND SIGNATURES

I/We understand the undersigned accept the following condition, which apply to factoring the accounts of my/our business namely:

1. That my/our invoices will be discounted by the relevant percentage which is currently for Comprehensive and Public Liability Insurance.
2. That the moneys will be paid into my/our bank account the same working day, when we fax to you before 3.00 p.m., the Invoice Summary Sheet together with a Tax Invoice, Insurance Authority to repair and Clearance Certificate duly signed.
3. That I/we am/are responsible for each invoice, in case of short payments or non-payments.
4. That whenever I/we receive in error a payment for factored accounts I/we will immediately counter-sign and post the said cheque to Able Factors and advise them accordingly.

I/we shall not deposit the cheque received in error into my/our bank account under any circumstances.
5. That any factored accounts that are overpaid or underpaid will be adjusted at the next factoring.
6. Should the account not be paid in full at the expiration of 90 days I/we shall either buy back the debt or I/we will request Able Factors to re-factor the debt subject to their approval.
7. The above conditions have been explained to me/us, and I/we do understand them.
8. This summary is in accordance with Able Factors Pty Ltd’s Factoring Deed.

The applicant/s also agrees that subject to the Privacy Act 1988, Able Factors may obtain and use information about our creditworthiness (including a consumer or commercial credit report) from a credit reporting agency, credit provider or other business that reports on creditworthiness for the purpose of assessing an application (including this application) or collecting overdue payments. Able Factors privacy information can be obtained on their website www.ablefactors.com.au

Signed for and on behalf of the above named Business, as the applicant/s for Factoring and by signing below I/we offer my/our personal guarantees for all transactions and all future uncollectable debts.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____