

REGISTRATION 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: admin@workfinance.com.au

Trading Name of Panel Shop (in full please, include any Company and/or Business Names used):			
Telephone	Facsimile	MTA Memb. No. (only if applicable):	
Repairers Lic. No: (Only If Applicable)		ABN:	
Business Address:			
Suburb		State	Postcode
Postal Address (only if different to above)			
Email address:			
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	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent
Home Phone No.			
Mobile Phone No.			
Position in Company			
Date of Birth			
Driver's Licence No. (please provide a photocopy)			
Manager's Name:			
Person to contact about paperwork:			
YOUR BANKING DETAILS –			
PLEASE FAX BACK A COPY OF A BANK DEPOSIT SLIP OR CHEQUE FOR THIS ACCOUNT			
Bank	Branch	Account Name	
BSB	Account No.		