



## Application Checklist

### Prepared for:

Account Executive: \_\_\_\_\_

Sales Support: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Additional Notes /  
Comments:

The following is a checklist to complete your Working Capital Application.

### Part I: Documents Enclosed

This section lists the following applications contained in the package. Please complete all the forms in full.

- Working Capital Information Sheet - **2 page**
- Information Disclosure Letter - **3 page** - (*Landlord Rent Statement, Mortgage Statement or Deed*)

### Part II: Additional Documents Required

This section will deal with a list of materials we need you to provide us. Send us ALL the information listed below.

- A copy of a voided check
- A copy of a driver's license for each signature. (Everyone that has signed an application)
  - If possible, please enlarge the copy of the driver's license before faxing.
  - An enlarged copy will help the clarity and expedite the application process.
- Proof of Ownership of Business or Company - a document that shows the business owner(s) name and percentage(s) of ownership. (*For example : Certificate of Registration, Certificate of Incorporation, etc...*)
- Most recent month's business bank statements - **all pages**
- Complete Merchant Processing Statements for the last 4 months
  - We need to see the summary section as well as daily transactions
- \$295 Application Fee (GST included)

Once the application is conditionally approved, you will receive:  
The Working Capital Agreement which will be from AUSvance, LLC

*In order for your application to be processed in full, all items must be sent back and completed with signatures. Should you have further questions, please contact your account executive.*



## Working Capital Information Sheet

### BUSINESS PROFILE

Business/Trading Name:			Legal Name:		
ACN/ADN:		State of Incorporation/Registration:		Number of Business Locations:	
Street Address (No Po Box):			Phone: ( )		Fax: ( )
City:		Country:		State:	Post Code:
Mailing Address:			A/H:		Mobile:
City:		Country:		State:	Post Code:
Business Open Date:	Length of Current Ownership:		Product/Service Sold:		Requested Purchase Amount: \$
Current Terminal Type or POS System:		Number of Terminals:	POS System Contact Name:		POS System Contact Number:
Landlord/Mortgage Company:		Contact Name:		Lease Start Date:	Lease End of Term Date:
Monthly Rent/Mortgage Payment:		Phone: ( )		Fax: ( )	

### OWNERSHIP INFORMATION Owner / Director / Secretary / Partner ("Owner"):

First Name:	Last Name:		Title:	Date of Birth:	Driver's License No.:
% of Ownership of Business:	Years there:		Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease your place of residence		
Residential Address:		City:		State:	Post Code:
Phone: ( )		Mobile: ( )		Email:	

### OWNERSHIP INFORMATION Owner / Director / Secretary / Partner ("Owner"):

First Name:	Last Name:		Title:	Date of Birth:	Driver's License No.:
% of Ownership of Business:	Years there:		Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease your place of residence		
Residential Address:		City:		State:	Post Code:
Phone: ( )		Mobile: ( )		Email:	

### CREDIT CARD PROCESSING

Sales Profile (Must Equal 100%): Card Swiped _____% + Manually Keyed with Imprint: _____% + Mail Order/Telephone Order: _____% + Internet Order: _____%					
Does the business accept transactions before the customer receives product or services? <input type="checkbox"/> Yes <input type="checkbox"/> No				% of sales in this category? _____%	
How long does customer wait before product is received? _____				% of cost that is prepayment: _____	
Does the offer warranties, due, subscriptions, memberships or other extended services? <input type="checkbox"/> Yes <input type="checkbox"/> No				Duration of extended services or benefits: (in weeks): _____	
Is the Business seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the peak months: _____/_____/_____ to _____/_____/_____					
Monthly Visa/MasterCard/Debit/EFTPOS Volume:		Average Ticket:		High Ticket:	

### INSURANCE INFORMATION

Insurance Company:		Insurance Broker's Name:		Insurance Broker's Phone No:	
Policy Number:	Business Interruption Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Flood Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		

By signing below I/We certify the above information is true and correct as set forth in this Application. Privacy Act 1988: The Applicant and each Owner named above hereby irrevocably authorises Business Cash Now and/or The Funding Company, its servants and agents to make such enquiries as they deem necessary to investigate their credit worthiness from time to time, including the making of enquiries with persons nominated as trade references, the bankers of the Applicant, any credit provider or Credit Reporting Agency and including personal credit and consumer credit information and LandData/property inquiries and name searches (hereinafter called "the sources"). The Applicant and each Owner hereby authorises the sources to disclose to Business Cash Now such information concerning the Applicant and each Owner which is within their possession. The Applicant and each Owner agrees that the information provided in this application concerning the Applicant and each Owner and any relevant trading information arising from any dealings between Business Cash Now and the Applicant and each Owner may be disclosed to a Credit Reporting Agency or any other interested person, subject to Business Cash Now and/or The Funding Company's Privacy Policy which can be obtained upon request.

X  
 \_\_\_\_\_  
 Signature Title Print Name Date

X  
 \_\_\_\_\_  
 Signature Title Print Name Date

\* Note: A voided check and a legible copy of your driver's license needs to be attached



## Information Disclosure Letter

I/We grant our irrevocable permission to release our confidential information to AUSvance LLC and/or its affiliated companies. I/We understand this information is being used for their credit/underwriting purpose only.

**This permission is specifically given to AUSvance ABN: 129 659 436**

### BANK INFORMATION

Bank Name:

Address or Branch:

City:

State:

Post Code:

Contact Name:

Phone Number:

### LANDLORD INFORMATION

Company Name:

Address:

City:

State:

Post Code:

Contact Name:

Phone Number:

Permission is also granted to contact any business past, present or future, we may deal with including Banks, Landlords, and Insurance companies we currently use or will use in the future.

X  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Business Name)

X  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Business Name)

Verification of this authorisation may be confirmed by calling the business at: \_\_\_\_\_  
(Business Telephone Number)