

PayX Request Schedule Form (Insurance Repairers)

Name of Business:

ACN / ABN:

One of these "PayX Request Schedule Forms" must be completed for each BATCH of invoices you send us.

No	Insurance Company Name	Your Invoice Number	Your Invoice Inc GST Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total of Invoices (Inc GST):

(OFFICE USE ONLY)	
90% Total due Today (Inc GST)	8.3% Total due in about 30 days
\$	\$

Your Checklist:

For each invoice listed above we have completed the below:

The Insurer Repair Authority:

The Assessors Approved Quote (Only needed if Insurer Repair Authority doesn't contain the quote):

The Assessor approval of Additional if needed:

A customer signed Vehicle Collection Certificate:

Copy of each Tax Invoice:

Declare that all the above tax invoices have been delivered in full as per clients requirements and abide by State/National laws:

"PayX Notice of Sale and Direction to Pay" has been completed for each invoice above:

Authorisation:

Weconfirm the irrevocable appointment of PayX and each Authorised Officer of PayX as its attorney to complete and sign a "PayX Notice of Sale and Direction to Pay" related to invoice financing for the invoices listed above as allowed for our "PayX Agreement" with PayX.

Dated thisday of 2018

Name:

Signature: