



Commercial Credit Services Group



Statement of Financial Position Company

Any information contained in this statement is confidential. If you intend to complete the form using a mobile device, please ensure you save the file first, before opening and inputting your details. Please ensure all relevant information is included, as missing details may affect the validity of this document and any related arrangements.

Applicant Details

Reference Number			
Legal Name			
Trading Name (if different)			
ACN		ABN	
Trading Address			
Registered Office			
Director/s			
Primary Contact Name		Title	
Phone		Email	
Account Firm/Bookkeeper		Contact	

Business Details

Industry/Main Products & Services				
Status	Trading as Normal	Trading Reduced	Temporarily Closed	Ceased Trading
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance - Public Liability/ Business / Vehicle	Yes	No	Number of Employees	
	<input type="checkbox"/>	<input type="checkbox"/>		
Key Comments Seasonality/ Large Contracts/Recent Changes				

Business Details

Bank(s) & Account(s)										
Overdraft / business loan / equipment finance (summary)										
Lender						Type				
Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lender						Type				
Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lender						Type				
Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lender						Type				
Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lender						Type				
Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lender						Type				
Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lender						Type				
Limit	\$		Balance	\$		Arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Income & Cash Inflows (average per month)

Sales/Operating Revenue	\$		Other income Rent/Grants/Rebate	\$	
ATO Refunds (if any)	\$		Total Monthly Inflows	\$	
Aged Receivables (trade debtors)					
Current	\$		30 Days	\$	
60 Days	\$		90 + Days	\$	

Operating Expenses & Priority Outgoings- Monthly

Wages	\$	PAYG	\$	GST/BAS Payments	\$
Superannuation	\$	Rent/Lease	\$	Rates/Levies	\$
Utilities	\$	Phone	\$	Internet	\$
Insurance Business	\$	Vehicles	\$	Insurance Vehicle	\$
Fuel	\$	Vehicle Registration	\$	Vehicle Maintenance	\$
Workers Compensation	\$	Hire Purchase Payments	\$	Credit Cards	\$
Other Please specify					
Total Monthly Operating Expenses			\$		

Debts & Liabilities (Summary)

Include ATO, Super, Lenders, Major Trade Creditors, leases etc

NOTE: List repayments under Operating Expenses & Priority Outgoings and also capture full debt details here.

[illegible]

Assets

Cash at bank	\$	Value	\$	Secured?	Yes		No	
Trade debtors A/R	\$	Value	\$	Secured?	Yes		No	
Inventory/WIP	\$	Value	\$	Secured?	Yes		No	
Plant & Equipment	\$	Value	\$	Secured?	Yes		No	
Vehicles	\$	Value	\$	Secured?	Yes		No	
Property/Leasehold Improvements	\$	Value	\$	Secured?	Yes		No	
Deposits/Prepayments	\$	Value	\$	Secured?	Yes		No	
Intangibles	\$	Value	\$	Secured?	Yes		No	
Known PPSR Registration/ Security Interests								
Director Guarantees Provided (to whom)								

Tax & Statutory Obligations

BAS lodged up to	\$	ATO Balance	\$	On Pmt Plan		No Pmt Plan	
Superannuation Contributions	\$			Up to Date		In Arrears	
Payroll, Workers Comp, Other Statutory							

Recent Performance & Cash Position

Bank Balance total across accounts	\$	Revenue Last 3 months	\$
Net Cash Flow	\$		
Attachments - Tick if provided			
P & L YTD		Balance Sheet YTD	
		Aged A/R	
		Aged A/P	
		13-week cashflow forecast	

Hardship Reason & Impact

	Reduced Demand	<input type="checkbox"/>	Supply Chain	<input type="checkbox"/>	Cost Increases	<input type="checkbox"/>	Bad Debts	<input type="checkbox"/>
	Loss of Contract	<input type="checkbox"/>	Illness/Injury of key person	<input type="checkbox"/>	Natural Disaster	<input type="checkbox"/>	Financing Costs	<input type="checkbox"/>
	Other: (Please Specify)							
	Date							

When did this Start?

Expected Duration	Less than 1 Month	<input type="checkbox"/>	1-3 Months	<input type="checkbox"/>	3-6 Months	<input type="checkbox"/>	6-12 Months	<input type="checkbox"/>
	Over 12 Months	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Other Specify	<input type="text"/>		
	Brief Details Optional							

Your Proposal - What the company can afford

I'm requesting (tick all that apply)	We can pay \$	<input type="text"/>	Starting	<input type="text"/>	Per W	<input type="text"/>	F	<input type="text"/>	M	<input type="text"/>
	Reduced payments	<input type="checkbox"/>	For	Months	<input type="text"/>	Weeks	<input type="text"/>			
	Payment Pause	<input type="checkbox"/>	For	Months	<input type="text"/>	Weeks	<input type="text"/>			
	Other: (Please Specify)									

Consent & Declarations

<input type="checkbox"/>	I declare the information provided is true and correct to the best of my knowledge.
<input type="checkbox"/>	I understand this information will be used to assess my hardship request and to manage my account in line with the privacy policy.
<input type="checkbox"/>	I confirm all relevant information is included and understand that missing details may impact the document's validity or related arrangements.
<input type="checkbox"/>	I authorise you to discuss my account with persons outlined in Section 1 - Applicant Details

Director/Authorised Signatory Name	<input type="text"/>
Position	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>