



**AVANTI  
COMMERCIAL**

P 1300 282 684  
F 1300 885 707

service@avanticommercial.com.au  
www.avanticommercial.com.au

*"Industry Professionals, Decades of Experience"*

***COMMERCIAL  
ORIGINATION  
ACCREDITATION  
APPLICATION***

Please Complete this Form and Fax it back to .....

Operations Manager  
Origination Accreditation Department  
Avanti Commercial  
Fax. 1300 885 707

Avanti Commercial is a wholly owned subsidiary of Total Customer Care Pty Ltd ABN 91 101 257 863  
National Office - Suite 3 Level 2 668 Princes Highway Sutherland New South Wales 2232 Australia

Sydney • Brisbane • Melbourne • Adelaide

ACCREDITATION

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**Originator Business Details**

Business Company Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Trading Name (if applicable): \_\_\_\_\_

Principals Name: a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Structure (circle appropriate description): -

Company      Firm      Partnership      Sole Trader      Trust

Date of Business Commencement: \_\_\_\_\_



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**Directors/Partners/Sole Proprietor**

1. Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

\_\_\_\_\_

Residential Address: \_\_\_\_\_

**Contact Details of Key Personnel**

Name	Address	Mobile No.

**Existing Origination Arrangements**

Financial Institution	Contact & Number	How Long

**Settlement Volume Expectation per Month \$** \_\_\_\_\_

**Supporting Documentation Supplied:**

- ✓ Copy of current Professional Indemnity Cover (min. \$1m)
- ✓ Evidence of FBAA or other recognised industry national association membership
- ✓ Certificates of Prior Learning
- ✓ Copy of License to operate as a Finance Broker (if applicable)
- ✓ Copy Certificate of Incorporation and/or Registered Business Name
- ✓ Written Declaration not a Bankrupt or in Liquidation or have any Unsatisfied Court Judgments
- ✓ CV Brief of Primary Directors
- ✓ Overview of Company / Business

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I hereby certify that the information contained within this Application is true and correct and I am duly authorized on behalf of the Company / Business to complete and sign this document.

\_\_\_\_\_  
Signature of Applicant

Dated:

**Avanti Commercial Office Use Only**

**Business Reference Checks**

Organisation	Contact's Name	Comments	Date

**Recommendations**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further Comments:

**Approved / Declined By:** \_\_\_\_\_ / \_\_\_\_\_ /2

Name	Signature	Position	Date

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