

# PAYMENT ASSISTANCE APPLICATION FORM

We understand that business can be volatile and unpredictable, which can lead to changes in your financial situation. We want to help support you through this period. Please complete the application form for our Payment Assistance Program so we can work with you to help you get back on track.

## Situations that could affect your financial position include:

- Loss of major customers or contracts
- Regulatory changes or legal issues
- Disruption to supply chains or operations
- Loss of major customers or contracts
- Unexpected events or unforeseen changes that have impacted the business income or expenditure
- A natural disaster or unforeseen weather events
- Health epidemic
- Domestic or family violence
- Serious illness or injury
- A death in the family
- Other reasonable causes

We use the information you provide on this application form to assess your ability to maintain a payment agreement with us and, where possible, create a plan to help get you back on track. Providing misleading or inaccurate information can lead to your assessment being cancelled.

## To submit your Payment Assistance Program application form:

**Email:** [paymentassistance@commander.com.au](mailto:paymentassistance@commander.com.au)

**Post:** Attn: Commander Payment Assistance Team  
Level 10, 452 Flinders Street,  
Melbourne, VIC 3000

## If you have questions or want to discuss your application, you can contact us by:

**Phone:** Call 1300 029 800 Monday-Friday 9am-5pm

**Email:** [paymentassistance@commander.com.au](mailto:paymentassistance@commander.com.au)

## Your Details:

**Customer Number:**

**Phone:**

**Name:**

**Business Name:**

**Email:**

**Please provide a short summary on the reason for your payment assistance request:**

**Please propose your arrangement for payment** (i.e. weekly/fortnightly payment of \$x for x weeks or payment extension date):

**Declaration of Authority:**

I acknowledge and agree that Commander is collecting the information in this form to assess my hardship application and will rely upon the information I have given to assess my application. If the information is not complete or accurate this may affect Commander's ability to assist me. Commander may request supporting documentation to help assess my application, such as documents supporting income/liabilities or outstanding bills from other suppliers or statutory declarations from a person familiar with my circumstances like a family doctor, clergy, or a bank officer.

***Complete both pages before signing and submit this form to the details provided on page 1.***

**Signature:** ..... **Date:**