

INITIAL SET UP (FOR BF USE):

Bravura Finance

450 E 96th Street
Suite 500
Indianapolis, In 46240

REPRESENTATIVE NAME:

Account Set Up

Funeral Home Information

Business Name _____

Street Address _____

County _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Type of Business _____

Business Tax ID # _____ Funeral Home License # _____

Previous Business Names Used Within the Past Five Years

Main contact Person _____ Phone Number/ Email _____

Persons Authorized to sign Assignments/Reassignment Forms*

Names _____ Title _____

Home Street Address _____

County _____ City _____ State _____ Zip _____

Signature

Name _____ Title _____

Home Street Address _____

County _____ City _____ State _____ Zip _____

Signature

*For Additional Authorized signers use Additional Persons Authorized to Sign Page

Bravura Finance

450 E 96th Street
Suite 500
Indianapolis, IN 46240

Payment Information

Preferred Method of Payment **Wire Transfer** **ACH** **Overnight Check**

Information Needed for ACH Transfers:

Bank Name _____
Bank Address _____
Routing Number _____
Account Name _____
Account Number _____
Bank Contact _____ Phone # _____

Information Needed for Wire Transfers:

Bank Name _____
Bank Address _____
Routing Number _____
Account Name _____
Account Number _____
Bank Contact _____ Phone # _____

Please attach the following:

- Funeral Home License
- Funeral Director License
- Driver's License for Those Allowed to Sign Assignment/Reassignment

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purpose of credit investigation to Bravura Finance.

The undersigned agrees to provide any and all information and obtain necessary signatures as required by Bravura Finance and Insurance companies in order to obtain funding. Furthermore, undersigned agrees and understand that in the event they do not forward a certified copy of death certificate to Bravura Finance within twenty (20) days of funding (unless the death certificate is "pending" which will extend this period for an additional thirty (30) days) or any other documents required by insurance company(s) are returned within 14 days of request the funeral home agrees to return all monies funded.

Signed _____ Date _____

Printed Name _____ Title _____

Bravura Finance

450 E 96th Street
Suite 500
Indianapolis, IN 46240

Bravura Finance Account Set Up

Additional Persons Authorized To Sign Assignment/Reassignment Forms

Business Name _____

Name _____ Title _____

Home Street Address _____

County _____ City _____ State _____ Zip _____

Signature

Name _____ Title _____

Home Street Address _____

County _____ City _____ State _____ Zip _____

Signature

Name _____ Title _____

Home Street Address _____

County _____ City _____ State _____ Zip _____

Signature

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application for the purpose of credit investigation to Bravura Finance.

The undersigned agrees to provide any and all information and obtain necessary signatures as required by Bravura Finance and Insurance companies in order to obtain funding. Furthermore, undersigned agrees and understand that in the event they do not forward a certified copy of death certificate to Bravura Finance within twenty (20) days of funding (unless the death certificate is "pending" which will extend this period for an additional thirty (30) days) or any other documents required by insurance company(s) are returned within 14 days of request the funeral home agrees to return all monies funded.

Signed _____ Date _____

Printed Name _____ Title _____