

Application Form

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IMPORTANT

BEFORE FILLING IN THIS APPLICATION FORM PLEASE REFER TO THE PRIVACY POLICY ON OUR WEBSITE OR ASK FOR A PRINTED COPY. THIS CONTAINS DETAILS ABOUT OUR USE OF YOUR PERSONAL DATA. BY SIGNING AND SUBMITTING THIS APPLICATION YOU WILL CONSENT TO SUCH USE



BUSINESS DETAILS			
BUSINESS NAME		REGISTERED NO. (if any)	
MAIN ADDRESS			
POST CODE		PHONE NUMBER	
BUSINESS DESCRIPTION			

CONTACT DETAILS			
CONTACT NAME		DIRECT PHONE	
POSITION		MOBILE PHONE	
EMAIL		HOME PHONE	

PROPRIETOR/PARTNERS/DIRECTORS / SHAREHOLDERS			
FULL NAME:		DIRECTOR? YES <input type="checkbox"/> / NO <input type="checkbox"/> PARTNER/MEMBER? YES <input type="checkbox"/> / NO <input type="checkbox"/>	SHAREHOLDING %
ADDRESS:			PHONE: H) M)
FULL NAME:		DIRECTOR? YES <input type="checkbox"/> / NO <input type="checkbox"/> PARTNER/MEMBER? YES <input type="checkbox"/> / NO <input type="checkbox"/>	SHAREHOLDING %
ADDRESS:			PHONE: H) M)
FULL NAME:		DIRECTOR? YES <input type="checkbox"/> / NO <input type="checkbox"/> PARTNER/MEMBER? YES <input type="checkbox"/> / NO <input type="checkbox"/>	SHAREHOLDING %
ADDRESS:			PHONE: H) M)
FULL NAME:		DIRECTOR? YES <input type="checkbox"/> / NO <input type="checkbox"/> PARTNER/MEMBER? YES <input type="checkbox"/> / NO <input type="checkbox"/>	SHAREHOLDING %
ADDRESS:			PHONE: H) M)
HAVE ANY OF THE ABOVE BEEN THE SUBJECT OF:			
i) BANKRUPTCY OR OTHER INSOLVENCY PROCEEDINGS?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS	
ii) A COURT JUDGMENT FOR THE PAYMENT OF MONEY?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS	
iii) AN ORDER DISQUALIFYING HIM FROM ACTING AS A DIRECTOR?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS	
HAVE ANY OF THE ABOVE BEEN INVOLVED IN ANY FAILED BUSINESS WITHIN THE LAST 3 YEARS?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS	

BANK DETAILS (For payments from us)			
BANK		ACCOUNT NAME	
SORT CODE		ACCOUNT NUMBER	
BRANCH ADDRESS			

BUSINESS BORROWINGS			
FACILITY	LIMIT	CURRENT BALANCE	BANK / FINANCIER
OVERDRAFT	£	£	
BUSINESS LOANS	£	£	
OTHER LOANS	£	£	
DOES THE BANK OR ANY OTHER PARTY HAVE A CHARGE OVER YOUR ASSETS?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	LENDER
HAVE YOU PREVIOUSLY OR ARE YOU CURRENTLY USING A FACTORING OR INVOICE DISCOUNTING SERVICE?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	COMPANY
HAS FINANCE FOR THE BUSINESS EVER BEEN REFUSED FOR ANY REASON WITHIN THE LAST 3 YEARS?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS
HAS THE BUSINESS BEEN IN ANY FORM OF INSOLVENCY WITHIN THE LAST 3 YEARS?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS
HAS THE BUSINESS BEEN THE SUBJECT OF ANY COURT JUDGMENT FOR THE PAYMENT OF MONEY WITHIN THE LAST 3 YEARS?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	AMOUNT & DATE
ARE THERE ANY CURRENT OR, AS FAR AS YOU ARE AWARE, THREATENED LEGAL PROCEEDINGS AGAINST THE BUSINESS?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS

TRADING INFORMATION & YOUR TERMS OF SALE			
DO YOU TRADE ON ANY OF THE FOLLOWING TERMS?			
DISCOUNTS NOT SHOWN ON INVOICE?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS	
DO YOU HAVE CUSTOMERS WHO ARE ALSO SUPPLIERS?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS	
DO YOU OBTAIN SIGNED PROOF OF DELIVERY?	YES <input type="checkbox"/> / NO <input type="checkbox"/>		
ARE YOU UP TO DATE WITH H.M.R.C. MATTERS?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	
IF NO GIVE DETAILS:			
ARE YOU UP TO DATE WITH CREDITOR PAYMENTS?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	
IF NO GIVE DETAILS:			

DECLARATION AND AUTHORITY

I/WE DECLARE THAT I/WE HAVE READ AND UNDERSTOOD FULLY THE DETAILS REQUESTED IN THIS APPLICATION AND CONFIRM

THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF THE INFORMATION I/WE HAVE GIVEN IS TRUE AND ACCURATE AND I/WE AM/ARE NOT AWARE OF ANY MATTERS OR CIRCUMSTANCES WHICH I/WE HAVE NOT DISCLOSED TO YOU WHICH MIGHT INFLUENCE YOU IN YOUR DECISION WHETHER OR NOT TO PROVIDE AN INVOICE FINANCE FACILITY TO ME/US.

I/WE ALSO DECLARE AND ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTOOD FULLY YOUR PRIVACY POLICY AND GIVE MY/OUR CONSENT TO YOUR OBTAINING, USE AND STORAGE OF MY/OUR INFORMATION AS SET OUT THERE INCLUDING APPROPRIATE COMPANY AND PERSONAL CREDIT SEARCHES AS REQUIRED.

I/WE DECLARE THAT AS FAR AS I/WE AM/ARE AWARE THE BUSINESS IS NOT CURRENTLY THE SUBJECT OF ANY PROCEEDINGS FOR, NOR HAS ANY OTHER STEP BEEN TAKEN TOWARDS, FORMAL INSOLVENCY UNDER THE INSOLVENCY ACT 1986.

Date:

Full name: Signature: Position

Full name: Signature: Position

Full name: Signature: Position

Full name: Signature: Position