

Introducer				
Company				
Telephone Number				
Date		Ref		

Merchant Int	formation					·				
Type of Entity	:	Limited Company O Partnership O Sole Trader O Other O Business Activity:								
Business Leg	al Name:				Trading A	Trading As:				
Trading Addre	ess:				Billing Address (if different):					
Town:					Town:					
Postcode:					Postcode:					
Telephone:					Contact N	ame:				
Fax:					Position:					
Email:					Company	Reg. No.:				
Website:					Business Start Date:					
Length of Ow	ength of Ownership:									
Applicant 1										
Full Name:	l,				Home Tel	ephone:				
Date of Birth:					Mobile:					
Home Addres	s:				Prior Address if less than 2 years:					
Town:	H 87/				Town:					
Postcode:					Postcode:					
Length at Residence: Years: Months:			Driving Li	cence No:						
Home Owner or Renter:										
Personal Bank Details:		Sort Code:			Account N	lo:				
Applicant 2										
Full Name:					Home Tel	ephone:				
Date of Birth:					Mobile:					
Home Address:					Prior Addı	ess if less tha	an 2 years:			
Town:	own:		Town:	Town:						
Postcode:			Postcode							
Length at Residence: Years:		Months:	Months: Driving Li		cence No:					
Home Owner or Renter:										
Personal Bank Details:		Sort Code:			Account N	lo:				
Trade References:										
Company:			Contact:			Telephone:		Fax:		
Company:			Contact:			Telephone:		Fax:		
Company:			Contact:			Telephone:		Fax:		

Property Information								
Type of Bldg (select 1):	Free Standing Home Based Shopping Ctr Office Other							
Own/Lease:	Own Lease	Monthly Rent/Mort:		£	£ Lease Start Date:			
Landlord/Mortgage Co:	Term remaining on lease:		aining on lease:			<u> </u>		
Address:								
Contact:		Telephone	е:		Fax:			
Mortgage a/c No:		Last 3 mo	onths mortgage s	atements provi	ded by merchant:	Yes O No O		
Banking Information								
Bank Name:			Bank Account N	0:				
Town:		Sort Code:						
Contact:			Telephone:					
Credit Card Terminal Infor	mation							
Credit/Debit Card Monthly Volume (exc. American Express)			Visa/MC		Total Annual Sales No. of terminals:	Total Annual Sales:		
Existing Account No:			Card Processor/	Acquirer:	No. or terminals.	3.		
Existing Account No.			Odia 1 10003301/	Acquiror.				
Merchant Questionnaire								
	ruptcy Protection? Are you contemp	lating filing	Popleruptov2 A V	oluntary Arrang	omont? Poorganica	tion?		
	it of a creditor? If so, please explair		j Dalikiupicy! A v	olulitally Arrang	ement: neorganisa	tion:		
	\mathbf{U}							
Are there any pending, threa	tened or recently filed claims and j	udgements	against the merc	hant or guarant	or? If yes, please sp	pecify.		
11/	плиг							
	rily based on an average of the prio pased on certain criteria. Please spe				Card processing volu	ime.		
What will the proposed funds be used for?								
Are you up to date with your rent or mortgage payments for your business? If not, please explain your current status.								
What are the daily hours of operation of your business? What days of the week are you open?								
Applicant named above, authorises Merchant Cash Express Ltd, its assigns and its agents, to obtain an investigative report from credit bureaus or credit agencies, to obtain a background check, and also to investigate the vendor references and any other references given on this application or on any other documents submitted by applicant for the purpose of furthering the attached application.								
Signature 1:	Name: Date:					Date:		
Signature 2:		Name:				Date:		
The above signed hereby certifies th	at all of the information is true and accurate.							
Signed on behalf of MCE:		Name:				Date:		

Notes

53 Feather Dell, Hatfield Herts AL10 8DE **Scan & Email:** Info@countrywidemoney.co.uk

Info@countrywidemoney.co.uk www.countrywidemoney.co.uk