

## **BUSINESS FINANCIAL**

1st Floor Suite, Masonic Hall, Earl Road, Mold CH7 1AX Tel. 01352 700 033 Fax. 01352 759 236 Email.sales@rflcredit.com

Please complete this form in BLOCK CAPITALS and in black ink					
Your information					
For details of how we will use your information, please look for the padlock symbol below and in the accompanying Terms and Conditions.					
1. BUSINESS DETAILS					
Personal name of Proprietor/Direct	tor:				
Company number (if applicable):					
Company trading name (if applicable):					
Address line 1:					
Address line 2:					
Address line 3:					
Address line 4 OR overseas count	ry:				
Postcode:					
Contact number:					
Fax number:					
Date commenced trading:			Date moved to present address:		
If the company has been at the a	bove address for le	ess than 3	years, please detail your previous address below:		
Address line 1:					
Address line 2:					
Address line 3:					
Address line 4 OR overseas count	ry:				
Postcode:					
Do you have any employees (inclu	uding partners/dire	ctors)? Yes	s 🗆 No 🗆		
If 'Yes', how many?					
What are your main business activities?					
Are the business premises:	Owned?		Proprietor(s)		
	or Leased?		Proprietor(s)		
	Expiry date of le	ase/rental			
	or Not applicable □				

Name of lender/source of finance:			
Type of loan/funding (e.g. HP/leasing):			
Amounts outstanding £	Monthly instalments £		
Credit limit (if applicable) £	Final repayment year (if applicable)		
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Amounts outstanding £	Monthly instalments £		
Credit limit (if applicable) £	Final repayment year (if applicable)		
3. BUSINESS / ORGANISATION ASSETS			
Description of asset e.g. business premises/quoted shares etc:			
Owned by:			
Estimated present market value £			
Existing mortgages/prior charges (if applicable) £			
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Owned by:			
Estimated present market value £			

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Description of asset e.g. business premises/quoted shares etc:					
Existing mortgages/prior charges (if applicable) £					
4. OWNERSHIP DETAILS					
Name (in full):					
Percentage ownership: %	Date of birth: / /				
Years in this company/partnership:	Years in this type of business:				
Name (in full):					
Percentage ownership: %	Date of birth: / /				
Years in this company/partnership:	Years in this type of business:				
Name (in full):					
Percentage ownership: %	Date of birth: / /				
Years in this company/partnership:	Years in this type of business:				
Name (in full):					
Percentage ownership: %	Date of birth: / /				
Years in this company/partnership:	Years in this type of business:				
5. BUSINESS / ORGANISATION OBLIGAT	FION(S)				
Is the business/organisation or the owner(s)/par	tner(s) a guarantor or have they any other obligations?	es 🗆	No □		
Does the business/organisation owe any arrears	s of VAT/PAYE/National Insurance/Corporation tax?	es 🗆	No □		
Is the business/organisation or the owner(s)/partner(s)/director(s) involved in any claim or lawsuit?			No □		
Has the business/organisation or any owner(s)/partner(s)/director(s)/officer(s) ever been subject of					
			No 🗆		
If the answer to any of the above is 'Yes', please give brief details below					

6. OTHER BUSINESS INTERESTS			
If the business is a limited company, do any of the owners listed above or any of the directors			
without shareholdings have any other business interests?			
If 'Yes', please give brief details below			
7. CREDIT REFERENCE AND FRAUD PREVENTION AGENCIES			
Lenders may obtain information about you from credit reference agencies, fraud prevention agencies and Group records to			
check your credit status and identity. The agencies will record lenders enquiries which may be seen by other companies who			
make their own credit enquiries. Lenders may use credit scoring.			
Your information may be linked to, and your application assessed using credit reference agency records relating to anyone			
with whom you have a joint account or similar financial association.			
<ul> <li>Lenders will check your details with fraud prevention agencies.</li> </ul>			
<ul> <li>If you provide false or inaccurate information and they suspect fraud, they will record this.</li> </ul>			
<ul> <li>Lenders and other organisations may use these records to:</li> </ul>			
<ul> <li>Help make decisions about credit and credit related services for you and members of your household;</li> </ul>			
<ul> <li>Help make decisions on motor, household, credit, life and other insurance proposals and insurance claims,</li> </ul>			
for you and members of your household;  Trace debtors, recover dept, prevent fraud, and to manage your accounts or insurance policies;			
<ul> <li>Check your identity to prevent money laundering, unless you furnish them with satisfactory proof of identity.</li> </ul>			
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8. KEEPING YOU INFORMED			
We would like to keep you informed by letter and by phone about products, services and additional benefits that			
we believe may be of interest to you. If you don't want us to do this, please place a cross in this box. $\square$			
9. GIVING YOUR CONSENT			
By signing this application you are agreeing that lenders may use your information in the way described in this			
form (including the 'Keeping you informed' section) and in the associated Terms and Conditions.			

10. DECLARATION AND SIGNATURE(S)	
To be signed in accordance with the Bank Account Mandate	
Authorised signature	Authorised signature
Name (in full):	Name (in full):
Date: / /	Date: / /
Authorised signature	Authorised signature
Name (in full):	Name (in full):
Date: / /	Date: / /