

Merchant Cash Express submission form



Please complete all yellow shaded boxes. Use an additional Submission Form if more than two Directors or Partners

introducers details	
intermediary:	<input type="text"/> contact: <input type="text"/>
address:	<input type="text"/>
mobile no.	<input type="text"/> tel no. <input type="text"/> fax no. <input type="text"/>
email	<input type="text"/>
is this deal a	direct client <input type="checkbox"/> introduced client <input type="checkbox"/>

submission documents	enclosed	details / notes
12 months consecutive debit & credit card processing statements	<input type="checkbox"/> yes <input type="checkbox"/> no	
3 x trade references	<input type="checkbox"/> yes <input type="checkbox"/> no	
signed credit search authority	<input type="checkbox"/> yes <input type="checkbox"/> no	
mortgagees/landlords name & address	<input type="checkbox"/> yes <input type="checkbox"/> no	

personal details	
applicant 1	percentage of ownership of company <input type="text"/> %
full name	<input type="text"/> home telephone <input type="text"/>
position	<input type="text"/> mobile <input type="text"/>
home address	<input type="text"/> previous address <input type="text"/>
	if less than 3 years <input type="text"/>
town	<input type="text"/> town <input type="text"/>
postcode	<input type="text"/> postcode <input type="text"/>
length at residence <input type="text"/> years <input type="text"/> months	date of birth <input type="text"/>
applicant 2	percentage of ownership of company <input type="text"/> %
full name	<input type="text"/> home telephone <input type="text"/>
position	<input type="text"/> mobile <input type="text"/>
home address	<input type="text"/> previous address <input type="text"/>
	if less than 3 years <input type="text"/>
town	<input type="text"/> town <input type="text"/>
postcode	<input type="text"/> postcode <input type="text"/>
length at residence <input type="text"/> years <input type="text"/> months	date of birth <input type="text"/>

Contact us info@specialfinance.co.uk

Powered by



tel **01442 877991**

fax **01442 873847**

business details

type of entity	<input type="checkbox"/> free standing	<input type="checkbox"/> home based	<input type="checkbox"/> shopping centre	<input type="checkbox"/> office	<input type="checkbox"/> other (give details below)
if other	<input type="text"/>				
business legal name	<input type="text"/>				
trading as	<input type="text"/>				
trading address	<input type="text"/>	billing address (if different)	<input type="text"/>		
town	<input type="text"/>	town	<input type="text"/>		
postcode	<input type="text"/>	postcode	<input type="text"/>		
telephone	<input type="text"/>	contact name	<input type="text"/>		
fax	<input type="text"/>	position	<input type="text"/>		
email	<input type="text"/>	company registration no.	<input type="text"/>		
driving licence no.	<input type="text"/>	length of ownership	<input type="text"/>		

banking and card terminal details

banking information

bank name	<input type="text"/>	bank account no	<input type="text"/>
town	<input type="text"/>	bank sort code	<input type="text"/>
contact	<input type="text"/>	telephone	<input type="text"/>

card terminal information

Visa	Monthly volume	£ <input type="text"/>	Visa	annual card sales	£ <input type="text"/>
Mastercard	Monthly volume	£ <input type="text"/>	Mastercard	annual card sales	£ <input type="text"/>
total annual sales	£ <input type="text"/>		Number of terminals	<input type="text"/>	
existing account number	<input type="text"/>		Card processor/acquirer	<input type="text"/>	

please note, the client will need to have a Lloyds Cardnet machine in place prior to funds being released

additional information

is the client up to date with their rent or mortgage payments for the business? yes no

if no, please explain their current status

what are the daily hours of operation of the business? What days of the week are they open?

have they filed for Bankruptcy Protection? Are they contemplating filing for Bankruptcy? A voluntary arrangement? Reorganisation? An assignment for the benefit of a creditor? yes no

if yes, please explain

are there any pending, threatened, or recently filed claims and judgements against the merchant or guarantor? yes no

if yes, please specify

please note we will require a signed credit search authority before submission to our lenders

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Merchant Cash Express credit search authority



Use a separate Credit Search Authority if Directors / Partners do not reside together

PRINT FULL NAME IN BLOCK CAPITALS

applicant 1			
applicant 2			
applicant 3			
applicant 4			
<u>address details for the last 3 years</u>			
address 1			
postcode		time at address	
address 2			
postcode		time at address	
address 3			
postcode		time at address	

Permission to release information

I/We, named above, authorise Merchant Cash Express Limited to obtain trade, landlord, credit, card transactions processing and bank information relating to us, our directors and officers, or members, or any of the undersigned guarantors, or other individual, from vendors, suppliers, landlords/mortgagors, credit reference agencies, card transaction processors, banks and creditors. This information will be used exclusively for the purposes of (i) entering into a credit and debit card receivables sale and purchase agreement with Merchant Cash Express Limited and (ii) monitoring our performance during the life of such sale and purchase agreement

	signature	date
applicant 1	X	
applicant 2	X	
applicant 3	X	
applicant 4	X	

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In association with cfPartners
strength in partnership

fax **01442 873847**