BUSINESS CASH ADVANCE FACT FIND FORM

Experian Consulting Ltd



Email: info@experianconsulting.com Phone: 07501 004 004 (Mathew), 07442 035 787 (George) **BUSINESS INFORMATION** Merchant/Company Legal Business Name Phone Trading as (if different) Email **Trading Address** Type of Entity Sole proprietor Partnership Limited Co. Other **Business Classification** Postcode ☐ Pub/Bar ☐ Restaurant ☐ Hotel/B&B ☐ Hair & Beauty ☐ Retail ☐ Garage/MOT Centre ☐ Online ☐ Other Registered Address (if different from trading address) Business Start Date (MM/YYYY) Company Registered Number Postcode **OWNER / PRINCIPAL DETAILS** (minimum 51% ownership) **APPLICANT 1 APPLICANT 2 Full Name** Ownership Full Name Ownership Date of Birth (DD/MM/YYYY) Date of Birth (DD/MM/YYYY) Length of Business Ownership Role Held Length of Business Ownership Role Held years months months years Phone Email Phone Email Home Address Home Address Length of Residence Length of Residence vears vears months months Postcode Postcode I am a home Owner Renter I am a home Owner Renter Previous Address (if less than 3 yrs) Previous Address (if less than 3 yrs) Length of Residence Length of Residence vears vears months months Postcode Postcode **BUSINESS PROPERTY INFORMATION PROCESSING INFORMATION Property Ownership Current Processing Company** ☐ Lease/Rent ☐ Own Monthly Visa/Mastercard/Debit Card Gross Monthly Sales Including Cash Monthly Rent / Mortgage Payment Lease End Date (DD/MM/YYYY) Sales (previous 12 months average) Sales (previous 12 months average) Landlord Name / Mortgage Company Name No. of Terminals No. of Locations **Desired Funding Amount**

£

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Print Name



| MERCHANT QUESTIONAIRE | |
|--|--|
| Have you ever been subject to a bankruptcy order? Have any of your businesses of your businesses ever entered into any voluntary arrangement or compromise at | |
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| | |
| 2. Are there any existing, pending, threatened or recently filed claims and judgments details. | (including CCJs) against the business, merchants or guarantors? If yes, please give |
| | |
| | |
| 3. Are you up-to-date with your rent or mortgage payments for your business? If not | , please explain your current status. |
| | |
| 4. (a) Which days of the week are you open? | (b) What are your usual opening and closing times? |
| | |
| 5. (a) Is the business seasonal? | (b) Do you usually close the business for part of the year? |
| □ No □ Yes (please list peak months) | No Yes (please provide dates) |
| 6. Are there any plans to close the business, temporarily or otherwise, during the nex | vt 12 months (for example for a refurhishment/refitting)? |
| o. Pire there any plans to close the business, temporarily of other wise, during the nex | is 12 months (for example, for a reful bishinency reflecting). |
| 7. What will the proposed funds be used for? | |
| The state of the s | |
| Do you have a cash advance outstanding? If so, what is the current balance? | |
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| credit and debit card receivables acquisition agreement with AV Finance Ltd, and (ii) | dlord, credit, card transaction processing and bank information relating to us, our all associates and other individuals, from vendors, suppliers, landlords / mortgagees, ormation will be used exclusively for the purposes of (i) considering the entry into of a monitoring our performance during the life of such acquisition agreement, and (iii) in we have collected from you will be shared with fraud prevention agencies who will detected, you could be refused certain services, funding, or employment. Further |
| An AV Finance Ltd / Exper | ian Consulting Ltd Partnership |
| · | |
| Signed by/on behalf of Applicant 1: | Signed by/on behalf of Applicant 2: |
| Signature | Signature |
| | |

Print Name

Date