

Corporate & Medical Finance Ltd

Business Introducer Application

PLEASE COMPLETE IN BLOCK CAPITALS

Company Name & Address

_____ Post Code: _____

Tel No: _____ Fax No: _____

Email: _____ Website: _____

Company Registration No (*if applicable*): _____

VAT Registration No (*if applicable*): _____

Consumer Credit Licence No(*if applicable*) : _____

Key People:

1. Name & Address: _____

2. Name & Address: _____

3. Name & Address: _____

Details of ultimate manufacturer of goods/products, and warranty details if relevant:

Existing Leasing Companies Used (*if relevant*): _____

Bank Details (*necessary for payment by BACS*)

Bank / Building Society:

Sort Code: _____ / _____ / _____ Account No: _____

Account Name: _____

Declaration

I confirm that this information is correct to the best of my knowledge.

Name:

Signature:

Date: