



1 | Company Details

Business Name:

Industry:

Type of Business Entity: Sole Proprietor Pty (Ltd)
 Close Corporation (CC) Partnership

Trading As:

Trading Address:

Town/City: Postal code:

Registration No:

Business First Trading Date:

Length of Ownership: Years Months

Office Tel No:

Mobile No:

Email Address:

Are there any judgements against the business? Yes No

Have any of the company principals been declared bankrupt or insolvent? Yes No

Do you currently have an MCA advance? Yes No

If yes, with whom?



2 | Business Property / Lease Information

Building: Owned Leased

Lease Start Date: Lease Term (Months):

Landlord Details:

Contact Person:

Company Name:

Contact No:

Monthly Rental Amount:

Email Address:

Average GP %:



3 | Banking & Point-of-Sale (POS) Information

Banking Details - Business Bank

Account Name:

Bank Name:

Account Type: Cheque Savings

Account No:

Branch Code:

Card Acquiring Bank:

Banking Details - Business Bank (if more than one)

Account Name:

Bank Name:

Account Type: Cheque Savings

Account No:

Branch Code:

Cards Accepted: Yes No

Amount Applying For:

Date Funds are to be Disbursed:



4 | Trade References

Reference 1

Name of Company:

Main Supplier? Yes No Monthly Spend:

Contact Person:

Contact No (Landline): Contact No (Mobile):

Reference 2

Name of Company:

Main Supplier? Yes No Monthly Spend:

Contact Person:

Contact No (Landline): Contact No (Mobile):

Reference 3

Name of Company:

Main Supplier? Yes No Monthly Spend:

Contact Person:

Contact No (Landline): Contact No (Mobile):



5 | Owner information

Owner 1

Name:

Surname:

ID Number:

Percentage of Ownership: % Home Owner: Yes No

Physical Address:

Postal Code: Length of Ownership: Years Months

Mobile No: Email Address:

Owner 2

Name:

Surname:

ID Number:

Percentage of Ownership: % Home Owner: Yes No

Physical Address:

Postal Code: Length of Ownership: Years Months

Mobile No: Email Address:



6 | Pre-qualification

	Monthly Card / POS Turnover	Card T/O	Total T/O (Card + Cash)
Latest Month	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 1	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 2	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 3	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 4	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 5	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 6	<input type="text"/>	R <input type="text"/>	R <input type="text"/>

Please complete if seasonality occurs or if cash is not banked

Month 7	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 8	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 9	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 10	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 11	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Month 12	<input type="text"/>	R <input type="text"/>	R <input type="text"/>



7 | Marketing Feedback

HOW DID YOU HEAR ABOUT US? (Tick only one source)

<input type="checkbox"/> Internet	<input type="checkbox"/> Radio	<input type="checkbox"/> SMS
<input type="checkbox"/> Email	<input type="checkbox"/> Mailer	<input type="checkbox"/> Magazine - please specify
<input type="checkbox"/> FBC Contacted Me	<input type="checkbox"/> Referral	<input type="checkbox"/> Other - please specify

Promotion code

CONSENT TO THE USE OF YOUR PERSONAL INFORMATION

Marketing Consent

At times, Fast Business Capital will want to tell you about products, services, special offers and research that Fast Business Capital believes may interest you. If you do not want us to contact you with this sort of information, you must tell us by filling in this part of the form. **If you do not fill in this part, Fast Business Capital will take it that you accept to receive these communications at any time and in any of the ways stated below.**

Fast Business Capital can contact me in the following ways (You can select one or more options below):

SMS/MMS Email Post Telephone **OR** Fast Business Capital cannot contact me



8 | Declaration

I have read, understood and agree to be bound by the terms and conditions that accompany this application form and declare that the information given above is true and correct. I agree and consent that Fast Business Capital may process, record or disclose my personal information, including details of my transactions, to:

- search credit bureaux, credit reference and fraud prevention agency records in order to determine whether to accept any offer of sale for future card transactions
- comply with any laws or regulations
- include the name of your organisation in a list of customers
- contact you by any appropriate channel about products and services which we consider may interest you

Signed this day of 20

At

Authorised Signatory Name:

Designation:

Signature: