

Horizon use only Main Business Customer ID No.	Customers Name

<b>BUSINESS FINANCIAL PROFILE</b>	<b>Please fill in this form in ink using Block Capital Where there are tick boxes please tick the box which applies</b>
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**Your information**

We are Cera Finance House. We are also known as the data controller. The information on this form will be used for the purpose of providing you with the services you may request. It may also be used for keeping you informed of other products and services, unless you tell us not to.

**Credit Reference and Fraud Prevention Agencies**

We will make searches about you at credit reference agencies who will supply us with **credit** information, for use in the assessment of **credit** products and other information, as well as information from the Electoral Register, for the purpose of **verifying your identity**. The agencies will record details of the search type – **credit** or **identification** – whether or not this application proceeds. We may use credit-scoring methods to assess this application and to verify your identity. Credit searches and other information which is provided to us and/or the credit reference agencies, about you, and those with whom you are linked financially, may be used by us and other companies if **credit** decisions are made about you, or other members of your household. Any of this information may also be used for identification purposes, debt tracing and the prevention of money laundering, as well as the management of your credit account.

To prevent or detect fraud, or to assist in verifying your identity, we may make searches of Group records and at fraud prevention agencies who will supply us with information. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this. We, member of the Group, and other companies may use this information if decisions are made about you, or others at your address(es), on credit or credit-related services, or motor, household, credit, life or any other insurance facilities. It may also be used for tracing, claims assessment and verifying identity.

By stating a **financial association** with another party, you are also declaring that you are entitled to:

- disclosure information about your joint applicant and/or anyone else referred to by you
- authorise us to search, link and/or record information at credit reference agencies about you and/or anyone else referred to by you.

Information held about you by the Credit Reference Agencies may already be linked to records relating to one or more of your partners. For the purposes of this application you may be treated as financially linked and your application will be assessed with reference to any "associated" records.

**1. Your business/organisation details**

• Name	<input style="width: 100%;" type="text"/>		
• Trade Name (if applicable)	<input style="width: 100%;" type="text"/>		
• Address and postcode	<input style="width: 100%;" type="text"/>		
		Postcode	
• Telephone and Fax Number (including STD Code)	Tel No:	<input style="width: 150px;" type="text"/>	Fax No: <input style="width: 150px;" type="text"/>
• Date Established (mm/yyyy) And Date moved to this address	Date Established	<input style="width: 150px;" type="text"/>	Date moved to address <input style="width: 150px;" type="text"/>
• Have you been at the address detailed above for 3 years or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (f no, please detail previous address below)	
			Postcode
• What are your main business activities?*	<input style="width: 100%;" type="text"/>		
Do you have any employees? (including Partners/Directors)	<input style="width: 100%;" type="text"/>		
• Are the Business Premises	<input type="checkbox"/> Owned	Proprietor(s) *	Expiry date of Lease/rental:
	<input type="checkbox"/> Leased	Proprietor(s)*	
	<input type="checkbox"/> Not Applicable	Proprietor(s)*	

**2. Other credit relationships. Please fill in the information below for all the business/organisation's existing credit relationships.**

Name of Lender / Source of Finance	Type of loan /funding (e.g. HP / leasing)	Amounts outstanding £	Amounts you pay monthly £	Credit Limit £ (if applicable)	Final Repayment year (if applicable)

**3. Business / organisation assets. Please fill in the information below.**

Description of Asset (e.g. business premises address, quoted shares etc.)	Owned by	Estimated Present Market Value £	Existing Mortgages / Prior charges £ (if applicable)

**4. Ownership Details**

Please show details for each person owning 20% or more of issued voting share capital)

Name(s)	(%) Ownership	Date of Birth Dd/mm/yyyy	Years in this partnership / company	Years in this type of business

**5. Business / Organisation obligations (s)**

- Is the business/organisation or the owner(s) /partners(s) a guarantor or have they any other obligations?
- Does the business/organisation owe any arrears of VAT/PAYE/National Insurance/Corporation Tax?
- Is the business/organisation or the owner(s)/director(s) involved in any claim or lawsuit?
- Has the business/organisation or any owner(s)/partner(s)/director(s)/officer(s) ever been subject of formal Insolvency proceedings (e.g. bankruptcy, Trust Deed, liquidation, etc)?


If the answer to any of the above is YES, please give brief details here

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**6. Other Business Interests**

- Do any of the Owners listed above or any of the directors without shareholdings, if the business is a limited Company, have any other business interests?

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If the answer is YES, please give brief details here

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**Declaration**

I/We declare(s) that the information given here is correct and complete. The proceeds of the credit applied for will be used for business purposes only.

I/We confirm that Cera Finance House may disclose my/our information within their companies and their respective employees and agents.

I/We further confirm having read, understood and accept the Terms and Conditions attaching these facilities.

**Keeping You Informed**

We would like to tell you by letter, phone or fax, including automatic dialling, e-mail or other electronic means, about products and services which we believe would be of interest to you and which are offered by us and other selected companies. If you do not want us to do this please tick this box.   
 Please note that ticking the box means that we will not be able to tell you about additional benefits available to our customers.

**Giving Your Consent**

It is important that you read and understand the section entitled **Your information**, (including **Credit Reference and Fraud Prevention Agencies**) at the beginning of this Application form and **Keeping You Informed** above. By signing this application , you agree that we can use your information in this way.

Signature	Signature
Signature	Signature
Date	