

Tel: 0845 643 5058
Fax: 0845 643 5059
Email: proposals@livingstonefinance.co.uk



Limited Company Application Form

COMPANY DETAILS			
Trading Name:			
Address:			
			Post Code:
Telephone No.:		Fax:	
Email:			
Company Type:		How long Co trading:	years months
Company Reg. No.:		VAT Reg. No.:	Date Est:
Nature of Business:			
Amount of finance required:		Purpose of Finance:	
DIRECTOR / PARTNER / SOLE TRADER DETAILS			
Director / Partner 1			
Surname:		All Forenames:	
Address:			
			Post Code:
Time at Present Address:		years	months Property Type:
Previous Address (if less than 5 years):			
			Post Code:
Previous Address (if less than 5 years):			
Mobile Tel. No.:		Post Code:	
Marital Status:		Date of Birth:	
Director / Partner 2			
Surname:		All Forenames:	
Address:			
			Post Code:
Time at Present Address:		years	months Property Type:
Previous Address (if less than 5 years):			
			Post Code:
Previous Address (if less than 5 years):			
Mobile Tel. No.:		Post Code:	
Marital Status:		Date of Birth:	
BANK DETAILS			
Name of Bank:		Branch:	
Address:			
			Post Code:
Account Name:		Time with Bank:	
Account Number:		Sort Code:	
DATA PROTECTION ACT DECLARATION			
Please be advised that this is an application for credit and as such the finance house to which an application will be submitted, may carry out a search with a credit reference agency. Please sign below indicating your acknowledgement and agreement.			
Signature:		Print Name:	Date:
email to proposals@livingstonefinance.co.uk			