



CYCLE RETAILER APPLICATION FORM

SUBMITTED BY	Leave Blank	DATE	
SOURCE OF LEAD	ActSmart		
DEALER NUMBER	Leave Blank	AREA NUMBER	Leave Blank

RETAILER DETAILS		
COMPANY NAME		
TRADING NAME		
Director / Partner / Owner	MR / MRS / MISS / MS	

RETAILER ADDRESS			
COUNTY		POSTCODE	
Tel No General		Co. REG. NUMBER	
Tel No Accounts		VAT NUMBER	
E-MAIL General			
E-MAIL Accounts			

COMPANY DETAILS			
TYPE OF COMPANY (circle)	PLC / Limited / Partnership / Sole Trader		
ANNUAL SALES TURNOVER	£	ANNUAL FINANCE TURNOVER	£
YEAR ESTABLISHED:		NO.OF SITES (See accompanying sheet)	

CONSUMER CREDIT LICENCE DETAILS (copy required)														
NUMBER				START DATE				EXPIRY DATE						
CATEGORY	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	<input type="checkbox"/>	E	<input type="checkbox"/>	F	<input type="checkbox"/>	Z	<input type="checkbox"/>

ADDITIONAL RETAILER CONTACTS RELEVANT TO RETAIL FINANCE													

DIRECTORS FULL NAMES & PRIVATE ADDRESSES (INCLUDING POSTCODES)													

Retailer Stamp	Signature: _____
	Position: _____
	Date: _____

Moneyway is a trading name of Secure Trust Bank plc. Registered in England and Wales 541132.
Registered Office: One Arleston Way, Solihull B90 4LH. Authorised and regulated by the Financial Services Authority.

NEXT STEPS

Step 1

Please ensure that the above application form is signed and returned, including any supplementary pages for additional stores.

Step 2

Please sign the authority to search and BACS payment form below

Step 3

Please complete your details on and sign the Retailer Terms of Business

Step 4

Please include the following documents:

- Copy of Consumer credit Licence (Plus any variations)
- Copy of bank cheque or payment slip
- Latest audited accounts

Step 5

- Return to: Moneyway, One Arleston Way, Shirley, Solihull, B90 4FR
- If you have any queries call Moneyway: 0845 111 7115

Authority to credit search Company, Company Directors and / or partners

Moneyway

Retailer Stamp.

Signature: _____

Position: _____

Date: _____

Confirmation of account details for BACS payment

Dealer Name _____

Bank Name _____ Dealer Code _____

Address _____ Account Name _____

_____ Sort Code _____

_____ Account Number _____

Authorised Signatory _____ Position _____

Signed _____ Date _____

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Additional Stores

Copy this sheet to add further stores and return with Retailer Application Form

Store name if different:	
Address:	
Postcode:	Tel. No:
Contact Name:	Fax No:
Email:	
Store name if different:	
Address:	
Postcode:	Tel No:
Contact Name:	Fax No:
Email:	
Store name if different:	
Address:	
Postcode:	Tel No:
Contact Name:	Fax No:
Email:	
Store name if different:	
Address:	
Postcode:	Tel No:
Contact Name:	Fax No:
Email:	
Store name if different:	
Address:	
Postcode:	Tel No:
Contact Name:	Fax No:
Email:	

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