



Dental Application Form

By completing this form you agree to a credit search on both you and your business.

Business Name: _____ _____ Main Business Address: _____ _____ _____ _____ _____ Postcode _____ _____ Turnover _____ _____ Net Profit _____ _____	Co. Reg (if Appl.): _____ _____ Tel No. _____ _____ Freehold Value: _____ _____ Business Loans O/S _____ _____	Originally Est.: _____ _____ Owned Since: _____ _____ Fax No. _____ _____ Rent p.a. _____ _____ or _____ _____
---	---	---

Business Bank Name & Address _____ _____ _____ _____ Postcode _____	Sort Code: _____ _____ A/c No: _____ _____ A/c name: _____
---	---

% Private <input style="width: 50px;" type="text"/>	% NHS <input style="width: 50px;" type="text"/>	Contract Value _____	
No. of Surgeries _____	No. of Associates _____	No. of Hygienists _____	

1) Partner / Director Full Name: _____ _____ Home Address: _____ _____ _____ _____ Postcode _____ _____ Value: _____ _____ Mortgage _____ _____ How long: _____ _____ Hm Tel: _____	Date of Birth _____ _____ GDC No _____ _____ Prev. Add. (if under 3 yrs) _____ _____ How Long: _____
--	--

2) Partner / Director Full Name: _____ _____ Home Address: _____ _____ _____ _____ Postcode _____ _____ Value: _____ _____ Mortgage _____ _____ How long: _____ _____ Hm Tel: _____	Date of Birth _____ _____ Prev. Add. (if under 3 yrs) _____ _____ How Long: _____
--	--

3) Partner / Director Full Name: _____ _____ Home Address: _____ _____ _____ _____ Postcode _____ _____ Value: _____ _____ Mortgage _____ _____ How long: _____ _____ Hm Tel: _____	Date of Birth _____ _____ Prev. Add. (if under 3 yrs) _____ _____ How Long: _____
--	--

Outstanding Finance Agreements (Other than Performance Finance - Lender, Amount, Commencement Date and Term required)

Additional Information eg background info.
