

Retail Finance

Powering purchases. Improving lives.



Credentials Questionnaire: Test

Please complete the below Credentials Questionnaire for the Retailer Account and User you would like created on our Test Platform.

Please submit a separate form for each User.

Retailer Name:	depending on the credit of you Can afford to pay the deposit if you to do so to do so cand that credit checks will
Branch Name:	
Representative First Name:	Representative Last Name:
Email:	Telephone:
Branch Address:	
Branch Postcode:	

ken