Date

Tel. 0845 258 1750 Fax 0845 224 1750

www.newcarleasingcompany.com

Finance Proposal Form - Business

Company Name _____ **Type** Sole Trader : Partnership : Ltd Co : plc : LLP

Address _____

Post Code _____ **Telephone** _____ **Fax** _____ **Fleet Size** ____ Cars ____ Vans

Email _____ **Website** _____

Date Established _____ **Company Reg. No.** _____ **VAT No.** _____

Nature of Business _____ **Parent Co.** (if any) _____

No. of Partners/Directors _____ **Business Premises** Leasehold : Freehold

Title			
First Name			
Middle Name			
Last Name			
Home Address			
Post Code			
Date moved in			
Residential Status			
Owner : Tenant : With Parents : With Partner			
Previous Address (if less than 3 yrs)			
Post Code			
Date moved in			
Date of Birth			
Marital Status			
No. of Dependents			
Position in Company			

Bank _____ **Branch** _____ **Account Name** _____

Sort Code _____ **Account No.** _____ **Time with Bank** _____

I hereby submit this Proposal Form confirming my intention to lease the above vehicle(s). I understand that in order for you to assess my application for finance, you may search the files of any licensed credit agency who will keep a record of that search. I declare that the above information is true and accurate.

Signed :	**Name :**	**Position :**