

Tel: 0845 258 1750 Fax: 0845 224 1750  
**Finance Proposal Form-Personal**



Please complete as fully as possible, sign and fax back to above number  
[www.newcarleasingcompany.com](http://www.newcarleasingcompany.com)

# NEW CAR LEASING COMPANY

Title _____ First Name _____ Middle Name _____ Last Name _____			
Address _____			
Address _____		Post Code _____	Date moved in _____ DOB ____/____/____
Residential Status Owner : Tenant : With Parents : With Partner		Monthly Mortgage/ Rent £ _____	
Previous Address (if less than 5 yrs) _____			
Post Code _____		Date moved in _____	Residential Status Owner : Tenant : With Parents : With Partner
Name of Employer _____		Type of Business _____	
Address _____			
Post Code _____		Telephone _____	Car Allowance (if applic.) £ _____
Occupation _____		Date Employment started _____	Annual Salary:£ _____
Previous Employer (if less than 3 yrs) _____			
Address _____			
Post Code _____		Telephone _____	Fax _____
Occupation _____		Date Employment started _____	
Bank _____		Branch _____	Account Name _____
Sort Code _____		Account No. _____	Time with Bank _____
Make & Model _____		Colour _____	Trim _____
Options/Extras _____			
Funding Option _____		Lease Period _____	Annual Mileage _____
Payment Profile (x + x) _____		Maintenance Yes : No	Monthly Payment _____ Date Required _____

I hereby submit this Proposal Form confirming my intention to lease the above vehicle. 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 :** \_\_\_\_\_

Date: