

New Vehicle Proposal Form – Business User

Please send to: -

ALL CAR LEASING, SUITE 1, THE WARRANT HOUSE, HIGH STREET,
ALTRINCHAM, CHESHIRE, WA14 1PZ
TEL 08707 555 444 FAX 08707555 445



Introducer Name All Car Leasing (please note method of contact will be by fax and phone) Date: _____
Contact Name _____ Tel No **08707 555 444** Fax No **08707 555 445**

CUSTOMER DETAILS

Company Type _____ Sole Trader _____ Partnership _____ Limited _____ PLC _____
Full Name and Trading Style _____ Contact Name : _____
Business Address _____
Postcode _____ Tel No : _____ Year Established _____
Co Reg No _____ Nature of Business _____ No of Partners _____
Premises Leasehold Freehold
Ultimate Parent Company _____

BUSINESS BANK DETAILS

Name of Bank _____ Sort Code _____
Account No _____ Time with Bank _____

DIRECTOR/ PARTNER/PERSONAL DETAILS

Title _____ First Name _____ Initial _____ Surname _____
Address _____
Postcode _____ Tel No : _____ Time at address _____ mths
If less than 3 years, please give previous address Postcode _____
Time at address _____ yrs _____ mths

Previous/Maiden Name _____ Date of Birth _____
 Married Divorced/Separated Owner Living with Parents
 Single Widowed Tenant Number of Dependants _____
Name of Bank _____ Sort Code _____
Account No _____ Time with Bank _____

DIRECTOR/ PARTNER/PERSONAL DETAILS

Title _____ First Name _____ Initial _____ Surname _____
Address _____
Postcode _____ Tel No : _____ Time at address _____ 6yrs _____ mths
If less than 3 years, please give previous address Postcode _____
Time at address _____ yrs _____ mths

Previous/Maiden Name _____ Date of Birth _____
 Married Divorced/Separated Owner Living with Parents
 Single Widowed Tenant Number of Dependants _____
Name of Bank _____ Sort Code _____
Account No _____ Time with Bank _____