



Application Form

I/we wish to apply for leasing facilities for the equipment stated below.
I/we understand that this application is subject to both status and contract.

CUSTOMER(s) NAME(s)			
TRADING STYLE			
Address		Telephone	
		Facsimile	
		Contact Name	
		Position	
	Post Code	Direct contract with above	Yes / No
Nature of Business		Company Reg. No.	
Length of Time Trading		Vat No.	

PROPRIETORS/PARTNERS and/or DIRECTORS PRIVATE DETAILS

Name	Address	Property Value	Outstanding Mortgage	DOB (essential)
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If more than two directors or partners please provide further details overleaf

ACCOUNTANTS		Contact Name	
Address		Telephone	
		Accounts Available	Yes / No

EQUIPMENT DETAILS

Please provide full make and model details

INVOICE COST OF EQUIPMENT

Location of equipment *If different from above*

SUPPLIERS NAME

Address

Telephone

FINANCE PARTICULARS

Facility

Deposit

BANK DETAILS

Name

Sort Code

Contact Name

Facsimile

Term

Profile

Address

Account No.

I can confirm all the information provided above is correct. I authorise you or a third party to carry out a 'Credit Reference Agency Search' on my home address in support of this application. I authorise you or a third party to hold these details on both a computerised processing system and in a paper format.

SIGNED

PRINT NAME

DATE