

CUSTOMER APPLICATION FORM

SUPPLIERS DETAILS

Business Name: Tel No:
 Contact:
 Leasedirect Contact:

CUSTOMER DETAILS

Business Name: Ltd Co. Reg No:
 Business Address:
 Postcode:
 Contact Name: Position:
 Tel No: Fax No: Mobile No:
 Date Established: Time at Address: VAT Number:
 Nature of business:
 1. Private Address: 2. Private Address:
 Postcode: Postcode:
 DOB: Home Owner: Y / N DOB: Home Owner: Y / N
 (Please delete as appropriate) (Please delete as appropriate)
 If more than two partners please tick box here:

NATURE OF FINANCE

ADDITIONAL INFORMATION

Equipment Details: Quote received from website? Y / N
 (Please delete as appropriate)
 Further information:

 Cost of Equipment: £
 Term (years):
 Profile: Monthly / Quarterly+ (i.e. 3+33)
 (Please delete as appropriate)

By submitting this form you are confirming that to the best of your knowledge the information is true and authorise us to carry out a credit search in order to ascertain your credit history. You are also confirming that you understand any details provided will be retained on both computerised processing systems and paper formats.

Do you agree to these terms? Y / N (Please delete as appropriate)

Signature: Date: