

Blue leasing PO Box 597 Shrewsbury, sales@blueleasing.co.uk, 01939 261966



Date: *Contract Hire / Purchase / Lease	**Finance Broker / Consultant	Limit Detail:
I confirm that before obtaining any personal information in respect of this application I have advised all the directors/partners/principals that a credit check may be made through a Credit Reference Agency on the individuals personally and that a record of this will be held by them and made available to other credit lenders when assessing other applications by the individual or other members of their household. Signed: _____ Date: _____ Salesman / Broker: _____		Existing £ _____ Increase £ _____ New Limit £ _____ Other £ _____

1 Customer Details

Company Partnership Sole Trader

Full Name and Trading Style: _____

Business Address: _____

Freehold / Leasehold / Tenant* Years at address: _____

Registered Office (if different from above) _____

Date Co. Formed	C. Reg. No.	Telephone No.	Contact
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Nature of Business _____

Length of connection with Blue Leasing _____ years

3 Bank Details

Name: _____

Address: _____

Sort Code: - -

Account Number:

Contact Name: _____

4 Associated Companies

1 Relationship _____

2 Relationship _____

3 Relationship _____

2 Details of Directors or Partners

Name: _____ Age: _____ Address: _____ Postcode: _____ Years at address: _____ Yrs. Pres. Comp. _____ Yrs. Owner of property YES / NO* Guarantee available YES / NO* Proof identity seen YES / NO*	Name: _____ Age: _____ Address: _____ Postcode: _____ Years at address: _____ Yrs. pres. Comp. _____ Yrs. Owner of property YES / NO* Guarantee available YES / NO* Proof identity seen YES / NO*
Name: _____ Age: _____ Address: _____ Postcode: _____ Years at address: _____ Yrs. Pres. Comp. _____ Yrs. Owner of property YES / NO* Guarantee available YES / NO* Proof identity seen YES / NO*	Name: _____ Age: _____ Address: _____ Postcode: _____ Years at address: _____ Yrs. pres. Comp. _____ Yrs. Owner of property YES / NO* Guarantee available YES / NO* Proof identity seen YES / NO*

5 Guarantees

Where a personal guarantee is offered, give details of name, address, bank and provide Assets and Liabilities form for proposed guarantor.

Where a corporate guarantee is offered, give details of name, address and the benefit to be derived by the company providing the guarantee. Also enclose the latest set of audited accounts for the guarantee.

Please use the space provided for additional information overleaf.
* Delete as applicable
** Must be completed

Fleet Details

			0-5	6-25	26-100	>100
Years/	Replacement policy Miles	Size of Fleet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of vehicles on contract hire:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 **Vehicle Requirements****

Number	Make	Model	New	Monthly Rental £	Used Vehicles Only	
					Blue Leasing Pool List	Blue Leasing Used List
			Y / N		Y / N	Y / N
			Y / N		Y / N	Y / N
			Y / N		Y / N	Y / N
			Y / N		Y / N	Y / N
			Y / N		Y / N	Y / N

8 **Contract Details****

Payment Profile	<input type="text"/>	Annual Mileage	<input type="text"/>	Standard Rate	<input type="checkbox"/>
Maintenance	YES / NO	Approved Large Corporate			<input type="checkbox"/>
On the Road Price	YES / NO	Special Pricing			<input type="checkbox"/>
Replacement of existing vehicles	YES / NO	(if YES, give details)		Refer	<input type="checkbox"/>

9 **Details of Financial Information Enclosed (tick box if applicable)**

Proof of Identity	<input type="checkbox"/>	Audited Accounts (Year ending	<input type="checkbox"/>
Business Plan (start ups)	<input type="checkbox"/>	Draft Accounts (Year ending	<input type="checkbox"/>
Bank Statements (latest 6 months)	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>
Management Accounts	<input type="checkbox"/>	Authority to Disclose form	<input type="checkbox"/>

10 **Accounts Request**

Please obtain Accounts, I understand that I will be charged for this service at the rate specified by Blue Leasing from time to time. Tick Box

11 **Additional Comments/Information**

** Must be fully completed