

FINANCE PROPOSAL FORM

BUSINESS NAME	Tel No
	Fax No
ADDRESS	
Bank Name	Nature of Business
Address	Date Commenced Trading
	Sole Trader Partnership Ltd Co
Sort Code –	Co Reg No –
Account No –	Are Directors Guarantees available YES / NO
Fleet Size –	Contact Name –
FULL DETAILS OF PRINCIPAL DIRECTORS PARTNERS SOLE TRADER	
Name	Name
Address	Address
Postcode	Postcode
Tel No	Tel No
For how long? D.O.B	For how long? D.O.B
If less than 3 years please give previous address	If less than 3 years please give previous address
Name	Name
Address	Address
Postcode	Postcode
Tel No	Tel No
For how long ? D.O.B	For how long ? D.O.B
If less than 3 years please give previous address	If less than 3 years please give previous address

PLEASE FAX BACK ON 01903 660215