

HP BUSINESS PROPOSAL FORM



Proposal Date:	
FSB Dealer Name:	
FSB Dealer No.:	
Contact Name:	
Contact Telephone:	
Contact Fax:	
JV/Funder:	

1. Business Details

Business Name	
Trading Style	
Business Address	
Post Code	
Nature of Business	
Office Phone No	
Fax No	
Email address	
Website address	
Company Reg. No.	
VAT Number	
Date Established	
Property Status	
Trading Status	

2. Contact Details

Contact Name	
Position	
Telephone No	
Fax No	
E-mail	

3. Bank Details

Bank Name	
Branch	
Account Name	
Account No	
Sort Code	
Time with Bank	

Data Protection - how we use your information

This notice applies to all applicants and (if the application is made by a limited company or partnership / unincorporated association) directors and partners. We'll check your details with credit reference and fraud prevention agencies ("the agencies") and they'll record our check and provide us with information about you. We'll tell the agencies if we think you've given false information or we suspect fraud. We'll also give credit reference agencies information about how you manage your account. We and other companies (including other lenders and insurers) will use this information to assess you and your household: for credit; all kinds of insurance and insurance claims; debt tracing and recovery; prevention of fraud and money laundering; statistical analysis about credit, insurance and fraud; and market research. We use credit scoring techniques to help us assess your proposal. Please write to us at PO BOX 197 PONTEFRAC T WF8 3WN if you want a copy of the information we hold about you, or phone us on 0845 373 3852 for details of the agencies.

4. Principal/Director Details

Title / 1st Name	
Middle Initial / Name	
Surname	
Current Address	
(If less than 60 months at current address, list previous address using ADDENDUM)	
Post Code	
Time at Address	
Home Phone No	
Date of Birth	
Number of Dependents	
Residential Status	
Marital Status	

5. Vehicle Details

New or Used:	NEW		
If Used Must State:	DOR:	Miles:	
Manufacturer:			
Model:			
Engine:			
Number of Doors:			
Paint Colour:			
Interior Trim:			
Option & Extra 1:			
Option & Extra 2:			
Option & Extra 3:			
Option & Extra 4:			
Option & Extra 5:			
Option & Extra 6:			
Registration No.:			
Chassis No.:			

6. Repayment Details

Cash Purchase (OTR):	£	
Deposit (CASH):	(-)	£
Deposit (P/X):	(-)	£
Settlement Amount:	(+)	£
Total Deposit Amount:		£
Balance to Finance/Advance Amount:		£
Rate (PAF) %:		
Agreement Period (Months):		
Monthly Payment:		£
(Excluding Document & Option Fees)		
Balloon Payment:		£
(Lease Purchase Only)		N/A

Applicant(s) Signature(s):	
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Date	
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ADDENDUM TO PROPOSAL FOR CUSTOMER

Boxes in bold are mandatory and MUST be completed every time

Proposal Date _____ (dd/mm/yy)

Additional Partner / Director's Details

Third Partner / Director

Title / 1st Name _____

Middle Initial / Name _____

Surname _____

Current Address _____

(If less than 60 months at current address list further previous addresses on a separate sheet)

Post Code _____

Residential Status _____

OWNER

Home Phone No. _____

Alt Phone No _____

Time at Address _____

Previous Address _____

Post Code _____

Time at Previous Address _____

Date of Birth _____

Number of Dependents _____

Previous Address Details

For (Name) _____

Previous Address _____

Post Code _____

Time at Previous Address _____ (months)

For (Name) _____

Previous Address _____

Post Code _____

Time at Previous Address _____ (months)

Additional Business Address Details

Address Type _____

Billing / Contact / Other

Business Address _____

Post Code _____

Main Phone No _____

Alt Phone No _____

Fax No _____

Address Type _____

Billing / Contact / Other

Business Address _____

Post Code _____

Main Phone No _____

Alt Phone No _____

Fax No _____

Address Type _____

Billing / Contact / Other

Business Address _____

Post Code _____

Main Phone No _____

Alt Phone No _____

Fax No _____

Fourth Partner / Director

Title / 1st Name _____ / _____

Middle Initial / Name _____

Surname _____

Current Address _____

(If less than 60 months at current address list further previous addresses on a separate sheet)

Post Code _____

Residential Status _____

Owner / Tenant / Living with Parents or Family / Other

Home Phone No. _____

Alt Phone No _____

Time at Address _____

(months)

Previous Address _____

Post Code _____

Time at Previous Address _____

(months)

Date of Birth _____

(dd/mm/yyyy)

Number of Dependents _____

Marital Status _____

Married / Single / Living with Partner / Divorced / Widowed / Other

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Name(s) Sign & Print _____

(On behalf of Applicant - Enter full name(s) in BLOCK CAPITALS)

Date _____

PARTNERSHIPS: If less than 5 Partners, each to sign/consent. If 5 or more Partners, one may sign on behalf of Partnership. LIMITED COMPANIES : One director may sign on behalf of the limited company and directors