



BUSINESS PROPOSAL FORM

Please Fax to: 01786 479763
or Email to : barry@genuscars.com

Make & Model _____

No Vehicle Req: _____ Rental Profile _____

Monthly Rental _____ Annual Mileage _____

CLIENT DETAILS

Company Name _____ Address _____

Trading Style _____

Reg'd Name _____

Registered No. _____ City/Town _____

Business Type _____ County _____

Main Phone _____ Postcode _____

Main Fax _____ Date Established _____ Fin. Year End _____

Property Status _____ No. of Cars _____ No. of LCVs _____

CONTACT DETAILS

Main Contact _____ Direct Line _____

Job Title _____ Mobile Phone _____

Email Address _____

PRINCIPAL DIRECTORS/PARTNERS DETAILS

Title _____ Mr, Mrs, etc	_____ Mr, Mrs, etc.	_____ Mr, Mrs, etc.
First Name(s) _____	_____	_____
Surname _____	_____	_____
Date of Birth _____ DD/MM/YYYY	_____ DD/MM/YYYY	_____ DD/MM/YYYY
Address _____	_____	_____
_____	_____	_____
City/Town _____	_____	_____
County _____	_____	_____
Postcode _____	_____	_____
Time at Address _____ Years _____ Months	_____ Years _____ Months	_____ Years _____ Months

Prev. Address if less than 5yrs _____	_____	_____
_____	_____	_____
City/Town _____	_____	_____
Postcode _____	_____	_____

BANKING DETAILS

Bank Name _____ Address _____

Sort Code _____

Account Number _____ City/Town _____

Account Name _____ County _____

Time with Bank _____ Postcode _____

By signing this form you consent to us using statistical information to assess your credit worthiness, and carrying out credit checks with reference agencies. Credit reference agencies may keep a record of the checks carried out and make available for use by other bank and financial institutions, credit grantors or lenders for assessing applications for credit by all the Directors/Partners/Principles, personally and other members of their household.

Signed: Date: