

PROPOSAL FORM (Limited Company)



Please complete and fax back to 0845 226 7750. Please note all fields must be completed.

GENERAL DETAILS	
CONTACT NAME	JOB TITLE
COMPANY NAME	ADDRESS
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	
POSTCODE	

BUSINESS DETAILS		
NATURE OF BUSINESS	YEAR EST	ISSUED SHARE CAPITAL
COMPANY REG NO	REGISTERED OFFICE ADDRESS (If different to above)	
VAT REG NO.		
PROPERTY (Freehold/Leasehold/Other - give detail)		
FLEET SIZE	POSTCODE	

PERSONAL DETAILS (First Director)		PERSONAL DETAILS (Second Director)	
TITLE	FULL NAME	TITLE	FULL NAME
ADDRESS		ADDRESS	
POSTCODE		POSTCODE	
TELEPHONE		TELEPHONE	
HOW LONG AT ABOVE ADDRESS		HOW LONG AT ABOVE ADDRESS	
PROPERTY (Freehold/Leasehold/Other - give detail)		PROPERTY (Freehold/Leasehold/Other - give detail)	
DATE OF BIRTH		DATE OF BIRTH	
STATUS (Single/Married/Divorced/Separated)		STATUS (Single/Married/Divorced/Separated)	
NUMBER OF DEPENDANTS		NUMBER OF DEPENDANTS	
PREVIOUS ADDRESS (If less than 5 years)		PREVIOUS ADDRESS (If less than 5 years)	
POSTCODE		POSTCODE	
PROPERTY (Freehold/Leasehold/Other - give detail)		PROPERTY (Freehold/Leasehold/Other - give detail)	

FINANCIAL DETAILS	
BANK NAME	SORT CODE
ACCOUNT NAME	ACCOUNT NUMBER
TIME WITH BANK YEARS MONTHS	ANNUAL INCOME

REQUESTED VEHICLE DETAILS	
MAKE	CONTRACT TERM (MONTH) 3 6 7 9 12 24 36
MODEL	COLOUR PREFERENCE
ANNUAL MILEAGE	PRICE PER MONTH

The following declaration is required under the Data Protection Act 1984/1998 before any credit application can be processed that might require searches of partners/directors/sole traders/individuals. I confirm that the information I have provided is true and complete. I confirm that I give express permission to Cocoon Vehicles Ltd to conduct personal searches or to provide third party finance houses or credit reference agencies this information for the specific purpose of ascertaining credit worthiness.

Signature:..... Date:.....

TO ORDER THE ABOVE VEHICLE PLEASE SIGN BELOW

Signature:..... Date:.....