

Contract Hire Application

PLEASE FAX BACK TO:
+44 (0)28 2565 6222



Director / Partner	
<input type="checkbox"/> Trading Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Ltd. Company	Company Reg No.: _____
Name: _____	Date established: ____ / ____ / ____
Street: _____ Town: _____	Premises: <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold
County: _____ Postcode: _____	VAT Number: _____
Telephone: _____ Fax: _____	Complete previous address below (if resident less than 3 years at current address)
Prev. Address: _____ Postcode: _____	
Business Bank Details	
Bank: _____	Account Name: _____
Address: _____	Account No.: _____
Postcode: _____	Sort Code: _____
	Direct Debit: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Time with bank: _____ Years _____ Months
Director / Partner	
Name: _____	Date of Birth: _____
Street: _____ Town: _____	Home: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> With Parents <input type="checkbox"/> Other
County: _____ Postcode: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other
Telephone: _____ Mobile: _____	Complete previous address below (if resident less than 3 years at current address)
Prev. Address: _____ Postcode: _____	
Director / Partner	
Name: _____	Date of Birth: _____
Street: _____ Town: _____	Home: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> With Parents <input type="checkbox"/> Other
County: _____ Postcode: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other
Telephone: _____ Mobile: _____	Complete previous address below (if resident less than 3 years at current address)
Prev. Address: _____ Postcode: _____	
Vehicle Requirements	
<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	Delivery Date: ____ / ____ / ____
Make: _____ Model: _____	Extra Features:
Body type: _____ No. of Doors: _____	[1] _____
Annual Mileage: _____ Date 1st registered: ____ / ____ / ____	[2] _____
Reg. Number: _____ VIN NO: _____	[3] _____
	[4] _____
	[5] _____

On completion please Fax to: +44 (0)28 2565 6222