Vehicle Savers
Business Proposal Form

TEL:0330 111 1168 Fax:0330 111 1169
Sales@vehiclesavers.com

Trading Name .....
Trading Address .....
Trading Style .....
No. of Principals ..... (for Limited Companies and Partnerships)
Registered Name .....
City / Town .....
Registered No. ..... (for Limited Companies only)
County .....
Date Established .....
Postcode .....
Core Activity .....
Property Status ..... (freehold, leasehold, etc)
VAT Number

Contact Details

Primary Contact .....
Switchboard ..... (main business phone no.)
Job Title .....
Fax Number ..... (main business fax no.)
Contact Number(s) ....
Company Website .....
Email Address .....

Principal Directors / Partners Details

Full Name .....
Date of Birth .....
Address .....
.....
City / Town/County .....
Post Code .....
Date moved in .....
Residential Status .....

Previous Address (if less than 3 years at current address) .....
.....
City / Town / Post Code .....
Residential Status .....
Date moved in .....
Marital Status .....

Full Name .....
Date of Birth .....
Address .....
.....
City / Town/County .....
Post Code .....
Date moved in .....
Residential Status .....

Previous Address (if less than 3 years at current address) .....
.....
City / Town / Post Code .....
Residential Status .....
Date moved in .....
Marital Status .....

Bank Details

Bank Name .....
Account Name .....
Sort Code ..... Account Number .....
Account Opened .....

Contract Details

Make & Model .....
Contract Length -months
Payment Profile +
Monthly Rental .....
Annual Mileage .....

Notes .....
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