



Contract Plan Application

Date		Time.....		
CLIENT DETAILS				
Business Name :		Contact Name :		
.....		Tel No:		
Address :				
.....				
.....				
Please tick where applicable				
Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd <input type="checkbox"/> Co Reg No if Ltd				
Public Sector <input type="checkbox"/> Club <input type="checkbox"/>				
Years Trading:		NB. If trading for less than 3 years Admiral Leasing may need to contact you for more information		
If Sole Trader or Partnership Please Complete Below				
IS SOLE TRADER OR PARTNERSHIP GIVE NAME AND HOME ADDRESS				
Name	Address	D.O.B.	Owner / Tenant	How Long Lived at Address. If less than 3 years please provide previous address.
TRAILER DETAILS				
Model		Quantity	Weekly / Monthly Payment (£)	
.....		
.....		
.....		
Total Weekly / Monthly Payment (£)				

CONTRACT PLAN IS OVER 36 MONTH. LONGER TERMS ARE AVAILABLE BY APPLICATION

FINANCE PACKAGES WITHOUT MAINTENANCE ARE AVAILABLE

I understand that this is a credit application. I have provided correct information to my best knowledge and understand that a finance facility will be in place* in approximately 24 hours. *Subject to Status

Signed.....

Position.....

Please fax for urgent attention of Lindsey Rudd 0161 628 7131

Or email l.rudd@admiral-leasing.co.uk