

**MOTOR VEHICLE LEASING APPLICATION**

Date: _____

Sole Trader

Partnership

Private Company

Public Listed Company

Name of Lessee: _____ Client Number: _____

Trading As: _____ Telephone Number: _____

Physical Address: _____ Facsimile Number: _____

Postal Address: _____ L.T.S.A Number: _____
(or drivers licence number if an individual)

Authorising Person _____ Accounts Contact: _____

Nature of Business: _____ No. of Years Established: _____

DETAILS OF SHAREHOLDERS/PARTNERS/DIRECTORS (please complete personal statement on page 2)

Name	Designation	Address

TRADE/FINANCE REFERENCES

Company Name	Phone Number	Person to Contact

BANKERS

Bank:	
Branch:	Account number: How Long - Yrs:

ACCOUNTANTS

Company:	Contact:	Phone:
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INSURER

Insurance Co./Broker:	Contact:	Phone:
Policy:	Expiry Date:	Fax:

PAYMENT DATE REQUIRED (please tick one)	BILLING STYLE	PAYMENT METHOD (please tick one)
One DD payment per month	Common Due Date Eg 15 th -14 th or 20 th -19 th or 1 st -EOM Note: there will be a pro rata daily charge at the start & end of contract	DD Statement balance (all charges) DD Lease & Pro Rata charges only
Multiple DD payments per month	Anniversary (of vehicle delivery date) Note: no pro rata daily charges	DD Lease charges on each vehicle due date DD Lease charges on each vehicle due date & on client agreement DD all other sundry charges on the 14 th .

FINANCIAL INFORMATION:

Please attach a copy of the proposed lessee's latest year-end signed financial statements complete with notes and/or income tax returns together with other supporting information e.g. interim management financial accounts, projected cash flow and balance sheet statements.

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