

Consumer Proposal Form

 Date _____
 Time _____

1 Personal Details	
Title _____ Surname _____	
First Name _____ Initial _____	
Previous /Maiden Name _____	
Date of Birth ____/____/____	
Married <input type="checkbox"/>	Single <input type="checkbox"/> Other <input type="checkbox"/>
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> With Parents <input type="checkbox"/>
Address _____ _____	
Post Code _____	
Telephone Number (____) _____	
Mobile Number _____	
Time at Current Address <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> Months	
Previous Address (if less than 3yrs at present) _____ _____	
Post Code _____	
Time at Previous Address <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> Months	

4 Vehicle Details	
New <input type="checkbox"/>	Used <input type="checkbox"/> UK Spec <input type="checkbox"/> Import <input type="checkbox"/>
Make _____	
Model _____	No. Doors _____
Mileage _____	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> _____cc
Reg. No. _____	Date 1st Regd ____/____/____
Chassis No. _____	
Extras _____	

2 Employment Details	
Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>
Occupation _____	
Employer _____	
Address _____ _____	
Post Code _____	
Telephone Number (____) _____	
Time with Employer <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> Months	
Previous Occupation _____	
Previous Employer _____	
Address _____ _____	
Time with Prev. Employer <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> Months	

5 Financial Details	
Cash Price (Ex. VAT)	£ _____ - _____
VAT @ _____%	£ _____ - _____
RFL	£ _____ - _____
TOTAL ON THE ROAD PRICE	£ _____ - _____
Part Exchange	£ _____ - _____
Deposit Cash +	£ _____ - _____
Settlement -	£ _____ - _____
Total Deposit (inc. VAT)	£ _____ - _____
BALANCE TO FINANCE	£ _____ - _____
PERIOD	_____
RATE %	_____
MONTHLY PAYMENT	£ _____ - _____
RV (if any)	£ _____ - _____

6 Dealer Details	
Dealer Name _____	
Sales Person _____	
Tel _____	

3 Bank Details	
Bank Name _____	
Branch/Town _____	
Sort Code <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Number <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Time with Bank <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> Months	

Other Information	

Customer Notification	
We will make a search with a Credit Reference Agency, which will keep a record of that search and will share the information with other organisations that make searches. We will also add to your record with the credit reference agency details of your agreement with us, the payments you make under it and any default or failure to keep to its terms. • We will check your details with fraud prevention agencies and if you give us false or inaccurate information we will record this. • We and other organisations may use and search these records to: Help make decisions on credit and related services or on motor, household, life and other insurance products for you and members of your household. Trace debtors, recover debt, prevent fraud and money laundering, and to manage your accounts or insurance policies. Check your identity to prevent money laundering unless you furnish us with other satisfactory proof of identity.	
	Signature of Customer _____
	Date _____

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Previous Employer _____	
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Account Number <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	Signature of Customer _____
	Date _____