



PROPOSAL FORM

Telephone 01285 653339 Fax 01285 653341
e-mail: jane@waterfall-leasing.co.uk

Supplier: _____
Contact Tel: _____

Date: __ / __ / 2008

HIRER

Business Name:

Business Address:

Contact Tel No: _____

Sole Proprietor / Partnership / Limited Co Limited Co Reg No. _____

Length of Time Trading _____ Yrs

PROPRIETORS / PARTNERS / DIRECTORS

	Title	Name	Surname	D.O.B	Phone No
1	_____	_____	_____	__ / __ / __	_____
2	_____	_____	_____	__ / __ / __	_____
3	_____	_____	_____	__ / __ / __	_____

	Private Address (Including Postcode)	Owned / Rented	Approx Value	Mortgage
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Previous Address (If at above for less than 3 years)

1	_____
2	_____
3	_____

EQUIPMENT

Description of Kit _____
(Attach sales order if easier)

Total Invoice Value £ _____ + vat

ADDITIONAL INFORMATION

- Are the business premises owned/rented? If owned then please provide approximate valuation together with outstanding mortgage.
- We may need to obtain the latest set of accounts for larger deals if they are not available to us via Companies House but we will contact the customer directly.