

Armada

FINANCE

PROPOSAL FORM

Tel: 01392 879599

proposals@armadafinance.com

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BROKERAGE

TYPE OF BUSINESS (please TICK) SOLE TRADER PARTNERSHIP LIMITED COMPANY

TRADING DETAILS

COMPANY NAME REG NO
TRADING NAME NATURE OF BUSINESS
TRADING ADDRESS
..... POST CODE OWNER TENANT (please TICK) SINCE
LEASE EXPIRY DATE TEL NO EMAIL

LANDLORD DETAILS

FULL NAME TEL NO
ADDRESS
..... POST CODE

DIRECTOR / PARTNER 1

FULL NAME D.O.B MARITAL STATUS
PRIVATE ADDRESS
POST CODE OWNER TENANT (please TICK) SINCE TEL NO
MOBILE NO PREVIOUS ADDRESS (if at present address less than 3 years)
..... POST CODE

DIRECTOR / PARTNER 2

FULL NAME D.O.B MARITAL STATUS
PRIVATE ADDRESS
POST CODE OWNER TENANT (please TICK) SINCE TEL NO
MOBILE NO PREVIOUS ADDRESS (if at present address less than 3 years)
..... POST CODE

BANK DETAILS

BANK NAME ADDRESS
..... POST CODE BANKER'S NAME
ACCOUNT NAME ACCOUNT NO SORT CODE

EQUIPMENT

NET £
VAT £
TOTAL £

SUPPLIER

TERM

The above listed Directors/Partners have given their permission for personal credit searches to be completed