

Meditransport

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AMBULANCE CUSTOMER DETAILS

Company Type Ltd		
Full Name and Trading Style		Contact Name
Business Address		
Postcode	Tel N°	Years Established
Company Reg N°	Nature of Business	N° of Partners
Premises	Ultimate Parent Company	

BUSINESS BANK DETAILS

Name of Bank	Sort code - -
Account N°	Time with bank yrs

GUARANTOR/PARTNER/DIRECTOR/PERSONAL DETAILS

Title	Initial	First Name	Surname
Address			
Postcode	Tel N°	Time at address	yrs months
If less than 3 yrs, please give previous address			
	Postcode	Time at address	yrs months
Previous/Maiden Name		Date of Birth / /	
Married	Divorced/Separated	Owner	Number of dependants <input type="text"/>
Single	Widowed	Tenant	
		Living with parents	
Name of bank	Sort code - -		
Account No	Time with bank yrs		

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Business Name :

CONTRACT DETAILS

Financial Product Period months
Payment Frequency Mileage per annum
Payment profile Payment in advance, followed by payments
Maintenance: Inc. Breakdown Cover

MERCHANDISE DETAILS

Vehicle Type **NEW** / **USED**

N ^o	Ambulance Details (If used, state reg date and current mileage)	Quote Ref	Cost £	Total Rental Ex VAT, inc Doc fee	

Replacing existing commitment

Fleet size

Requirement in next 12 months

CHECKLIST – tick if attached

Audited / Certified Accounts Y/E	Parent Company Accounts	Draft Accounts Y/E
Proof of ID	Management Other	Bank Report
Opening Balance Sheet	Other, (please specify – eg Sales Brochure)	

Notes

SFE:

BD:

Data Protection Act – Disclosure: We have told the prospective customer/guarantor that a credit reference agency search will be made against customer /guarantor and recorded by the agency and that the customer/guarantor may receive mailings from you about your services. (We have also told the customer/guarantor how we intend to use the information provided.)