



DEALER DETAILS

DEALER NAME: _____ BRANCH: _____
SALES PERSON: _____ PHONE NUMBER: _____
SIGNATURE / ID / INCOME VALIDATED _____ SIGNED: _____

CUSTOMER DETAILS

TITLE: MR/MRS/MISS: _____ FIRST NAME(S): _____ SURNAME: _____
DATE OF BIRTH: _____ OCCUPATION: _____ HOW LONG _____ YRS
STATUS (DELETE AS APPROPRIATE): MARRIED/SINGLE/OTHER OWNER/TENANT/LIVES WITH PARENTS
FULL POSTAL ADDRESS _____
_____ POST CODE _____ PHONE NUMBER _____
HOW LONG AT PRESENT ADDRESS? ___ YRS ___ MONTHS MOBILE PHONE _____
IF LESS THAN 3 YEARS PLEASE STATE PREVIOUS ADDRESS _____
_____ POST CODE _____
HOW LONG AT PREVIOUS ADDRESS? ___ YRS ___ MONTHS
EMPLOYERS NAME _____
EMPLOYERS ADDRESS _____
_____ POST CODE _____ PHONE NUMBER _____

FINANCIAL DETAILS CUSTOMER

NOTE: DOCUMENTARY EVIDENCE OF INCOME SHOULD BE INSPECTED

Table with 4 columns: REGULAR MONTHLY INCOME, CUSTOMER, REGULAR MONTHLY EXPENDITURE, CUSTOMER. Rows include EARNED INCOME, PENSION, DISABILITY ALLOWANCE, ADDITIONAL BENEFITS, INTEREST FROM SAVINGS, OTHER, TOTAL and MORTGAGE/RENT, COUNCIL TAX, CREDIT CARD PAYMENTS, EXISTING LOANS, INSURANCE PREMIUMS, OTHER REGULAR PAYMENTS, TOTAL.

BANK DETAILS

PLEASE NOTE THAT THE ACCOUNT SHOWN BELOW MUST ACCEPT A DIRECT DEBIT

BANK NAME: _____ ACCOUNT HOLDER (NAME): _____
ADDRESS: _____ SORT CODE: _____ ACCOUNT NUMBER: _____
_____ POST CODE _____ NUMBER OF YEARS ACCOUNT HELD: _____
NO OF CREDIT CARDS HELD _____ CHEQUE GUARANTEE CARD HELD: YES/ NO

ORDER DETAILS

PRODUCT DETAILS

	PRICE
MAKE / DESCRIPTION _____ DATE OF MANUFACTURE ____/____/____	£ _____
ACCESSORIES (PLEASE LIST BELOW SHOWING INDIVIDUAL PRICES)	
_____	£ _____
_____	£ _____
_____	£ _____
EXTENDED WARRANTY _____	£ _____
PRODUCT INSURANCE _____	£ _____
TOTAL PRICE	£ _____

MONTHLY REPAYMENTS

DEPOSIT (MINIMUM £100)	£ _____
BALANCE TO FINANCE	£ _____
REPAYABLE BY (NUMBER OF MONTHS)	_____
MONTHLY REPAYMENT	£ _____
TOTAL MONTHLY COMMITMENT	£ _____

ADDITIONAL CONTACT

PLEASE SUPPLY BELOW THE NAME, ADDRESS AND TELEPHONE NUMBER OF SOMEONE FOR US TO CONTACT IN CASE WE CANNOT COMMUNICATE WITH YOU DIRECTLY AT ANY TIME

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
_____ POST CODE _____ PHONE NUMBER _____

CUSTOMER INFORMATION & DATA PROTECTION

FROM TIME TO TIME WE MAY SEND YOU INFORMATION ABOUT OTHER GOODS AND SERVICES, INCLUDING THOSE OFFERED BY OR THROUGH SUBSIDIARY OR ASSOCIATED COMPANIES. WE MAY GIVE YOUR DETAILS TO THE SUPPLIER OF ANY GOODS OR SERVICES UNDER THIS AGREEMENT, WHO MAY THEN SEND YOU INFORMATION ABOUT OTHER GOODS OR SERVICES OFFERED BY OR THROUGH THEM OR THEIR SUBSIDIARY OR ASSOCIATED COMPANIES. THIS INFORMATION MAY BE PRESENTED TO YOU BY MAIL, E-MAIL OR TELEPHONE. IF YOU WOULD RATHER NOT RECEIVE ANY SUCH INFORMATION PLEASED PUT A CROSS IN THIS BOX

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AUTHORISE YOU TO MAKE ANY CREDIT REFERENCE AND OTHER ENQUIRIES IN ACCORDANCE WITH YOUR NORMAL PROCEDURES IN CONNECTION WITH THIS APPLICATION. I ALSO ACKNOWLEDGE THAT YOU MAY REFUSE TO ACCEPT THIS PROPOSAL WITHOUT STATING A REASON. I AGREE THAT WHERE THE PROPOSAL IS COMPLETED BY SOMEONE OTHER THAN MYSELF, THE PERSON COMPLETING THE FORM IS DEEMED TO BE MY AGENT AND NOT THE AGENT OF THE FINANCE COMPANY OR ANY OF ITS AGENTS.

I AGREE THAT MARK BATES LTD MAY SEARCH THE FILES OF A CREDIT REFERENCE AGENCY IN RELATION TO THIS APPLICATION AND OTHER CREDIT DECISIONS RELATING TO THE ACCOUNT, WHICH WILL KEEP A RECORD OF THOSE SEARCHES. DETAILS OF HOW I CONDUCT THE ACCOUNT MAY BE DISCLOSED TO THAT AGENCY. THIS INFORMATION MAY BE USED BY OTHER LENDERS AND INSURERS IN ASSESSING APPLICATIONS AND CLAIMS FROM ME AND MEMBERS OF MY HOUSEHOLD AND FOR OCCASIONAL DEBT TRACING AND THE PREVENTION OF FRAUD AND MONEY LAUNDERING. I AGREE THAT DETAILS OF THIS APPLICATION WILL BE CHECKED WITH A FRAUD PREVENTION AGENCY AND IF I GIVE YOU FALSE OR INACCURATE INFORMATION YOU MAY RECORD THIS WITH THAT AGENCY.

MARK BATES LTD WILL USE A CREDIT SCORING OR OTHER AUTOMATED DECISION MAKING SYSTEM. IF YOU WISH TO OBTAIN DETAILS OF THE CREDIT REFERENCE AND FRAUD PREVENTION AGENCIES FROM WHOM WE OBTAIN AND WHOM WE RECORD INFORMATION ABOUT YOU, PLEASE TELEPHONE US ON 01476 513787. YOU HAVE A RIGHT TO RECEIVE A COPY OF INFORMATION WE HOLD ABOUT YOU IF YOU APPLY TO US IN WRITING. A FEE WILL BE PAYABLE.

SIGNED (SIGNATURE OF CUSTOMER) _____ DATE _____