



# Satellite Finance Limited

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## CUSTOMER LEASE PROPOSAL

Dealers Name:	Office Contact:
Telephone:	S/Person:

### Lessee Details

Legal Entity (Cross) – Sole Trader                      Partnership                      Limited Company

Trading Name:	
Address:	
Email Address:	
Type of Business:	Yrs in Business:
Company Registered No:	Tel:

FOR NON LIMITED COMPANIES THE FOLLOWING INFORMATION MUST BE SUPPLIED BEFORE A CREDIT DECISION CAN BE MADE.

### Partner/Director 1

Full Name:			
Home Address:			
Post Code:		Time at address:	DOB:
Email Address:			
Previous Address if less than 3 years:			
			Post Code:
Property Value	1 <sup>st</sup> Mortgage		

### Partner/Director 2

Full Name:			
Home Address:			
Post Code:		Time at address:	DOB:
Email Address:			
Previous Address if less than 3 years:			
			Post Code:
Property Value	1 <sup>st</sup> Mortgage		

### Equipment Being Leased

Equipment:			
Net Equipment Cost:		Rental Amount:	
Repayment Frequency:		Rental Profile:	
Lease Rate Used:	Total Primary Period in months:		

Notes:

The Directors/Partners have given their permission to be searched