

# DAILY RENTAL ACCOUNT APPLICATION FORM

(for limited companies)

**🔒 Your information**

For details of how we and others will use your information, please look for the padlock symbol below and in the accompanying Terms and Conditions or contact Lombard Vehicle Management, Seven Brindleyplace, Birmingham B1 2TZ.

Contact name:

Contact telephone:

Do you require a vehicle urgently? Yes  No  (tick as appropriate)

How did you hear of us?   
(e.g. recommendation, mail-shot, new car order etc)

Business name:

Business address:

Business telephone:  Business fax:

Business email:

Registered address (if different from above):

Company Registration Number:

Date established:

**Bank details**  
Bank name:  Sort code:

Account number:

Ultimate Holding Company turnover amount (tick as appropriate)  
Less than £1million  £1m - 10m  £10m - 100m  £100m +

Name of any parent or subsidiary within the group:

**🔒 Credit reference agencies**

We may obtain information about you from credit reference agencies and Group records to check your credit status and identity. The agencies will record our enquiries which may be seen by other companies who make their own credit enquiries. We may use credit scoring. At the credit reference agencies your information may already be linked to anyone with whom you have a joint account or similar financial association. If this is a joint application and such a link does not already exist then one may be created now. These links will remain until you file a 'notice of disassociation' at the credit reference agencies. However for this application you will be treated as financially independent of any person (except for another party to this application). By signing this application you declare that you believe your associate's finances will not affect our decision and agree that we may check your declaration. We may decline this application if we find that your declaration is inaccurate.

**🔒 Fraud prevention agencies**

If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies. We may also obtain information about you from fraud prevention agencies.

**🔒 Keeping you informed**

We would like to keep you informed by letter and phone about products, services and additional benefits that we believe may be of interest to you. If you don't want us to do this, please place a cross in this box.

We would also like to keep you informed via the email address or mobile number you may have provided earlier in this form.

May we keep you informed by email? Yes  No  May we keep you informed by mobile messaging? Yes  No

**🔒 Giving your consent**

By signing this application you are agreeing that we may use your information in the way described in this form (including the 'Keeping you informed' section) and in the associated Terms and Conditions.

**To be signed by an Authorised Signatory or a Director of the Company**

If established less than 3 years please provide names, addresses and dates of birth of all Directors (max 3) in the space provided below. If greater than 3 years, please ensure the form is signed by an authorised Signatory or Director.

|   |                      |                                |
|---|----------------------|--------------------------------|
| <b>Authorised Signatory<br/>or 1st Director</b> | <input type="text"/> | <input type="text" value="X"/> |
|   | Print name           | Signature                      |
|   | <input type="text"/> | <input type="text"/>           |
|   | Position in company  | Date                           |
|   | <input type="text"/> |                                |
|   | Address              |                                |
|   | <input type="text"/> |                                |
|   | Date of birth        |                                |
| <hr/>   |                      |                                |
| <b>2nd Director<br/>(if applicable)</b>         | <input type="text"/> | <input type="text" value="X"/> |
|   | Print name           | Signature                      |
|   | <input type="text"/> | <input type="text"/>           |
|   | Position in company  | Date                           |
|   | <input type="text"/> |                                |
|   | Address              |                                |
|   | <input type="text"/> |                                |
|   | Date of birth        |                                |
| <hr/>   |                      |                                |
| <b>3rd Director<br/>(if applicable)</b>         | <input type="text"/> | <input type="text" value="X"/> |
|   | Print name           | Signature                      |
|   | <input type="text"/> | <input type="text"/>           |
|   | Position in company  | Date                           |
|   | <input type="text"/> |                                |
|   | Address              |                                |
|   | <input type="text"/> |                                |
|   | Date of birth        |                                |

You are required to insure the vehicle. Your Company must either insure the vehicle with a Fully Comprehensive Customer's Own Insurance (COI) and be responsible for any loss, damage or penalties incurred, or take Collision Damage Waiver (CDW) at a cost to yourself. If CDW is taken, the driver's driving licence will have to be examined on delivery of the vehicle and you may be required to pay an Insurance Excess in the event of an accident. If COI is selected, you must provide us with a copy of your current Insurance Certificate.

Please tick appropriate box: Collision Damage Waiver  Fully Comprehensive

I have read, understood and agree to abide by all Terms and Conditions and the attached tariff.

Fax back on: 0870 010 5451

For office use only: Area Code: \_\_\_\_\_ CIS Code: \_\_\_\_\_ RM: \_\_\_\_\_ Segmentation Code: \_\_\_\_\_