

DAILY RENTAL ACCOUNT APPLICATION FORM

(for non 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:

Bank details

Bank name: Sort code:

Account number:

🔒 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.

Continued overleaf

To be signed by all owners or partners of the Company (up to a maximum of 3)

Authorised Signatory
or 1st Owner/Partner

Print name

Signature

Date

Date of birth

Address

2nd Owner/Partner
(if applicable)

Print name

Signature

Date

Date of birth

Address

3rd Owner/Partner
(if applicable)

Print name

Signature

Date

Date of birth

Address

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: