

infiniti#finance

SUPPLIER APPLICATION FORM

Full Trading Name _____

Limited Company, Partnership or Sole Trader _____

Business Address _____

Post Code _____

Telephone Number _____ Fax Number _____

Company Registration Number _____ VAT Number _____

Parent Company _____ Years Established _____

If sole trader or partnership, home address of owner(s) _____

Post Code _____

Equipment Sold _____

Agencies Held _____

Consumer Credit Licence Number (copy enclosed) _____

Categories _____ Expiry Date _____

Anticipated Monthly Lease Business _____

Average Size of Transaction _____

Current Leasing/Finance Companies Used _____

Other Information _____

Supplier Account Opened _____ Date _____

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