

## **LICENSEE APPLICATION FORM**

Thank you for applying to become an LCVR Licensee. Please complete all sections to enable us to proceed with your application promptly. When submitting your application to LCVR, please attach a full set of your latest certified accounts, an up to date copy of your insurance certificate and a copy of your rental agreement.

### **1. COMPANY DETAILS**

Full Company Name: \_\_\_\_\_

Company Type (Ltd, Sole Trader, Partnership): \_\_\_\_\_

Registered Number: \_\_\_\_\_ Date Established: \_\_\_\_\_

Trading Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Number of Branches: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Fleet Insurance Company: \_\_\_\_\_

### **2. FLEET FUNDING FACILITES**

Name of Company: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Contact Name & Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Contact Name & Number: \_\_\_\_\_

### **3. FLEET ACQUISITION**

Fleet Size (Cars): \_\_\_\_\_ Fleet Size (Vans): \_\_\_\_\_

Number Purchased (Cars): \_\_\_\_\_ Number Purchased (Vans): \_\_\_\_\_

Number Leased (Cars): \_\_\_\_\_ Number Leased (Vans): \_\_\_\_\_

### **3. FLEET ACQUISITION (cont.)**

Current Vehicle Suppliers:

Name of Company: \_\_\_\_\_ Vehicle Limit: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Vehicle Limit: \_\_\_\_\_

### **4. FINANCIAL INFORMATION**

Financial Year End: \_\_\_\_\_ Last Audited Accounts Filed: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Account Number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Management Accounts Available: YES / NO (If YES, please supply copy) \_\_\_\_\_

### **5. DETAILS OF DIRECTORS & PARTNERS**

i) Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Time at Current Address: \_\_\_\_\_ % Ownership of Company: \_\_\_\_\_

Personal Guarantee Available: YES / NO \_\_\_\_\_

ii) Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Time at Current Address: \_\_\_\_\_ % Ownership of Company: \_\_\_\_\_

Personal Guarantee Available: YES / NO \_\_\_\_\_

*Continued overleaf*

**5. DETAILS OF DIRECTORS & PARTNERS (cont.)**

iii) Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Time at Current Address: \_\_\_\_\_ % Ownership of Company: \_\_\_\_\_

Personal Guarantee Available: YES / NO \_\_\_\_\_

**If there are more than three partners/directors of the business, please copy this page and complete their details.**

The undersigned hereby authorises Local Car & Van Rental Limited to obtain and exchange credit data and other financial references.

I also warrant that all information contained herein is true and correct to the best of my knowledge and I accept that LCVR are under no obligation to appoint me as a Licensee.

I confirm I do not have a criminal record (other than motoring offences).

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form back to:**  
LCVR, 2 Redman Court, Bell Street, Princes Risborough, Bucks, HP27 0AA  
Tel: 01844 222000 Fax: 01844 223000 Email: [enquiries@lcvr.co.uk](mailto:enquiries@lcvr.co.uk)