HIRE AGREEMENT

Head Office:
PLUS HIRE ASSIST IS A TRADING NAME OF PARTS PLUS PANELS LIMITED
Goodlass House
Goodlass Road, Liverpool L24 9HJ
Tel: 0151 448 2900 **Fax:** 0151 448 2901 **Email:** info@plushire.com
VAT Reg. No. 871 2650 26 Company No. 5565463

Account Name	Invoice No.

Hirer's Name (In Full)

Delivery Address	Contact Address

Notice of the Right to Cancel

Customer Ref. No. _____ Date _____
You have the right to cancel this contract within a period of 14 days starting with the date on which you receive this notice by delivering or sending (including by electronic mail) a cancellation notice to us at the following address.
By post to: Plus Hire Assist at the address above
or by Email to: info@plushire.com
Notice of cancellation will be deemed to be served on the day it is posted or sent to us, or if it is sent to us by electronic mail, the day it is sent.
You may exercise the right to cancel by using the cancellation notice form below if you wish.

Drivers Names	Date of Birth	Occupation	Drivers Licence No.	Expiry Date	Test Date

LESSOR PROVIDING INSURANCE YES / NO
If No see Own Insurance Box below
IfYES - **INSURANCE PROPOSAL**
Have you ever had a proposal declined, a policy cancelled or a renewal refused or been required to pay an increased Premium pr had special; terms imposed by any motor insurer?
YES / NO

Have you ever been convicted of any motoring offence during the last five years, or had your licence suspended during the last 10 years, or is any prosecution pending? YES / NO

Have you had any accidents and/or claims that are outstanding during the last 36 months?
YES / NO

Have you any physical or mental defect or infirmity or suffered from diabetes, fits or any heart complaint?
YES / NO

If YES please give details

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I declare that the information given in this proposal is to the best of my knowledge and belief correct and complete in every detail and that no information has been witheld which might influence the acceptance of this proposal which with this declaration shall form the basis of the con tract of insurance.

Signature of Hirer..... Date.....

HIRER'S OWN INSURANCE DETAILS
Sign ONLY if using Hirers Own Insurance.

Insurance Company

Policy / C.N. No.
I confirm that the hire will be covered by Hirer's own insurance

Signature of Hirer.....

DAMAGE LIABILITY
Initial below if you wish to pay the waiver charges (CDW, Underbody/Glass Waiver & Theft Excess Waiver) to reduce the insurance excess or wish to be liable for the full excess yourself. Acceptance of the waiver charges automatically transfers your excess and third party liability.

Accepted Excess £

Refused

STATEMENT OF LIABILITY
I acknowledge that the term of this rental agreement and any extensions thereof I shall be liable as the owner of the Vehicle let to me thereunder in respect of any charges detailed and agree to the hire of the vehicle on the terms and conditions set out herein and overleaf.

Signature of Hirer..... Signature of Lessor.....

THIS IS EXEMPT CONSUMER CREDIT AGREEMENT UNDER ARTICLE 3 (1) (a) OF THE CONSUMER CREDIT EXEMPT AGREEMENTS ORDER 1989

SHORT TERM AGREEMENT
PERIOD OF AGREEMENT NOT TO EXCEED 90 DAYS

TERRITORIAL LIMITS: SEE OVERLEAF

Vehicle Reg.	Group Provided
Make & Model	Group Charged

DATE OUT	DATE IN

RATES & CHARGES

Days	£	per day	£
Delivery/Collection			£
Additional Driver	£	per day	£
Underbody/Glass Waiver	£	per day	£
Automatic	£	per day	£
Theft Excess Waiver	£	per day	£
CDW	£	per day	£
Road Fund License	£	per day	£
Sub Total			£
VAT			£
Total Charges			£
Amount Due			**£**

CANCELLATION NOTICE
If you wish to cancel the contract you **MUST DO SO IN WRITING** and deliver personally or send (which may be electronic mail) this to the person named below.
You may use this form if you want to but do not have to.
Complete, detach and return this form **ONLY IF YOU WISH TO CANCEL THE CONTRACT.**
To: Steve Ingman at Plus Hire Assist
Email: info@plushire.com

I/We *(delete as appropriate)* hereby give notice that I/We *(delete as approprate)* wish to cancel *my/our(delete as appropriate)* contract Ref. No.

Signed_____ Date_____

Name & Address_____

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