

# Monthly Payment Plan application form

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

Please return this form to the Ticket Office by post, fax or in person.

**Total Season Ticket cost £** \_\_\_\_\_

Title \_\_\_\_\_ First name \_\_\_\_\_

Surname \_\_\_\_\_ Date of birth\* \_\_\_\_\_

\_\_\_\_\_ D, D, M, M, Y, Y, Y, Y

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Time at this address \_\_\_\_\_

Daytime tel. \_\_\_\_\_ Mobile \_\_\_\_\_ M, M, Y, Y

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

If you have lived at your current address for less than three years please supply details of your previous address.

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Time at this address \_\_\_\_\_

\_\_\_\_\_ M, M, Y, Y

**Are you?** Please tick relevant box.

Home owner  Council tenant  Other tenant  Living with parents  Other

**Status** Please tick relevant box.

Married  Single  Partner  Divorced  Separated  Widowed

**Employment details** Please tick relevant box.

Self-employed  Employed  Unemployed  Part time / Contracted

Retired  Student  Housewife

Employer's name \_\_\_\_\_ Employer's town \_\_\_\_\_

Work tel. \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_

Time with employer/self employed

\_\_\_\_\_ M, M, Y, Y

If less than 3 years, time with previous employer

\_\_\_\_\_ M, M, Y, Y

**PLEASE TURN OVER**



**ZEBRA FINANCE LTD**

# Monthly Payment Plan application form

(continued)

## Customer's declaration

- The particulars overleaf and any others given by you are true and correct.
- I have read and understood the Terms and Conditions.
- I hereby authorise you to pay the initial amount to the football club on or after the date of this agreement.
- I authorise you to apply for any necessary references regarding my application.
- I hereby authorise and request you to contact me by telephone at my place of employment on matters relating to this transaction and I have provided you with the telephone number(s) for use in this connection. I understand that this authority and request can be withdrawn at any time in writing.
- I authorise you, at your discretion, to send a credit token - advertising literature to me.
- I also authorise you to visit me at home to discuss any further advances, which may be made to me under the terms of this agreement.

### IMPORTANT - USE OF YOUR INFORMATION

You have a right to know how we will use your personal information. It is important that you should read the 'Data Protection' notice below before you sign.

#### Whether or not your application is accepted, you agree:

- we may send you information about products of ours that may be of interest to you; and
- we may pass your details to other companies of our group to send you information about their products. If you do not wish this to occur please tick the box at the bottom of the page.

You have a right at any time to stop us from contacting you by post, telephone or email, or giving your details to others for these purposes. You may write to Compliance Department, Zebra Finance Ltd., Unit 1, Heritage Business Centre, Derby Road, Belper, Derbyshire DE56 1SW, if you wish us to stop.

**PLEASE CHECK YOU HAVE COMPLETED ALL SECTIONS OF THE FORM BEFORE SIGNING BELOW.**

Subject to status and our normal credit checks proving satisfactory. Written credit quotations are available on request.

I have read and understood the above information.

**Signature**

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Date

## Data protection

In considering your application for credit and any relevant insurance, we will search your record at Credit Reference Agencies. They will add to your record details of our search and your application and this will be seen by other organisations that make searches.

We will use a credit scoring or other automated decision making system when assessing your application, we will also add to your record with the Credit Reference Agencies details of your agreement with us, the payments you make under it, and any default or failure to keep to its terms and any change of address you fail to tell us about where a payment is overdue.

It is important that you give us accurate information. We will check your details with Fraud Prevention Agencies, and if you give us false or inaccurate information and we suspect fraud, we will record this. Your record will be shared with other organisations and used by them to:

- help make decisions about credit for you and members of your household.
- trace debtors, recover debt, prevent money laundering and fraud.

We, the Credit Reference Agencies and Fraud Prevention Agencies, will also use your record for statistical analysis about credit and about insurance and fraud. Fraud Prevention Agency records will also be shared with other organisations to help make decisions on motor, household, credit, life and other insurance proposals and insurance claims, for you and members of your household. Zebra may disclose information contained in this agreement to its agents and nominated retailers who relate to this agreement.

IF YOU WANT TO HAVE DETAILS OF THOSE CREDIT REFERENCE AND FRAUD PREVENTION AGENCIES FROM WHOM WE OBTAIN AND TO WHOM WE PASS INFORMATION ABOUT YOU PLEASE TELEPHONE US ON 0845 634 1199. YOU HAVE A LEGAL RIGHT TO THESE DETAILS. YOU HAVE A LEGAL RIGHT TO RECEIVE A COPY OF THE INFORMATION WE HOLD ABOUT YOU IF YOU APPLY TO US IN WRITING TO: COMPLIANCE DEPARTMENT, UNIT 1, HERITAGE BUSINESS CENTRE, DERBY ROAD, BELPER, DERBYSHIRE DE56 1SW. A FEE WILL BE PAYABLE.

IF YOU DO NOT WISH TO RECEIVE OTHER INFORMATION ABOUT PRODUCTS AND SERVICES, PLEASE TICK THE BOX

FOR OFFICE USE ONLY

STAND BLOCK

ROW

SEAT NUMBER

DATE RESERVED

OPERATOR