

# **APPLICATION FOR A CREDIT ACCOUNT**

Trading Name Registered Co. Name (or Proprietor/Partner Name)	Company No (if applicable) Proprietor/Partner Address (if different)
Invoice/Statement Address    Telephone Number Mobile Number Fax Number Email Address	Date Of Birth Required
	Credit Limit Required per month £
	Contact For Accounts Contact for Buyer
	Do you require Delivery Tickets Priced
	Do you require a Hire Centre Account
Who is authorised to Purchase Goods For Your Account	
Bank Name/Address	Sort Code Account Number Telephone Number
Trade Reference 1 Address  Telephone Number	Trade Reference 2 Address  Telephone Number
By signing this application you have agreed to our Conditions of Sale and have authorised us to make the appropriate credit enquiries on you or your Company in connection with this application. <b>(Must be a Director, Proprietor or Co. Secretary)</b> Signed <span style="display: block; text-align: right;">Print Name</span>	
<b><u>For Sydenhams Use Only:</u></b>	
<b>Account Number</b> <b>Credit Limit</b>	<b>Home Branch</b> <b>Sales Rep</b>
<b>Authorised by:</b> <b>Branch Manager</b>	<b>Credit Controller</b>
Date	Date
<b>Bank Reference Date Sent</b>	<b>Trade Reference 1 Date Sent</b>
<b>Credit Check 1 RD</b> <b>Credit Check 2 X</b>	<b>Trade Reference 2 Date Sent</b>