SELF BUILD CREDIT ACCOUNT APPLICATION

I/We understand that your credit terms are that payment is due at the end of the month following the date of invoice and that if granted credit I/We agree to pay in accordance with these terms. I/We also acknowledge and accept the Terms and Conditions.

Full Name	Date Of Birth Required
Current Address	Address of Proposed Building
Telephone Number Mobile Number Email Address	Fax Number Do you require a Hire Centre Account
Name And Address Of Bank /Building Society FundingThis Project (please attach copy of "Letter of Intent" if possible otherwise please fill in attached bank mandate)	
Telephone Number	

Do you own your current property What is the expected starting date for this project
Credit Limit Required per month £ Contact for Accounts
Who is authorised to Purchase Goods for Your Account Do you require your Delivery Tickets Priced
By signing this application you have agreed to our Terms of Sale and have authorised us to make the appropriate credit enquiries on you or your Company in connection with this application. **(Must be a Director, Proprietor or Co. Secretary)** Signed Print Name

For Sydenhams Use Only:	
Account Number **Credit Limit**	**Home Branch** **Sales Rep**
Authorised by: **Branch Manager Date**	**Credit Controller Date**
Bank Reference Date Sent	**Credit Check 1 X**