



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	Date of Birth Required
	Total Credit Limit Required £
	Contact for Accounts
	Do you require Delivery Tickets Priced
Email Address	
If you require your documents emailed please provide email address	
Who is authorised to Purchase Goods for your Account	
Bank Name/Address	Sort Code Account 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. (Must be a Director, Proprietor or Co. Secretary) Signed Print Name	
<u>For Sydenhams Use Only:</u>	
Account Number	Home Branch
Credit Limit	Sales Rep
Authorised by: Branch Manager	Credit Control Manager
Date	Date
Bank Reference Date Sent	Trade Reference 1 Date Sent
Credit Check X	Trade Reference 2 Date Sent

BANK MANDATE – STATUS ENQUIRY

Please Complete Bank Details Below and Return

To The Manager

BANK PLC

Please Quote Ref:

ENQUIRY FROM:

Sydenhams Ltd, 45/47 Ashley Road, Boscombe

BOURNEMOUTH, Dorset, BH1 4LG

Credit Control Dir Line 01202 705010

Fax: 01202 302634

ACCOUNT NAME

HOME ADDRESS

ACCOUNT NUMBER

SORT CODE

CONSENT (to be filled in by applicant)

I/We authorise

Bank PLC

Branch

To provide a banker opinion, as stated above

SIGNED

FULL NAME

DATE

FOR AND ON BEHALF OF

FOR SYDENHAMS USE ONLY

Please provide your opinion of our customer to meet a financial commitment of
£ In total.

We enclose your registration fee of £ (inc. VAT).