



ACCOUNT APPLICATION FORM

Trading Name/Registered Co Name: Proprietor/Partner name and date of birth (if applicable): 	Company Reg No: Credit limit required
Address Telephone Number Mobile Number Contact for Accounts	Previous Address <u>(if less than 3 years)</u>
Email address for Invoices/Statements	
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
<p><i>In order to process your application we will supply your personal information to credit reference agencies (CRAs) and they will give us information about you, such as about your financial history. We do this to assess creditworthiness and product suitability, check your identity, manage your account, trace and recover debts and prevent criminal activity. We will also continue to exchange information about you with CRAs on an ongoing basis, including about your settled accounts and any debts not fully repaid on time. CRAs will share your information with other organisations.</i></p>	
Signed _____ (Must be a Director, Proprietor or Co. Secretary) Print Name _____	

For Sydenhams Use Only:	
Account Number (New)	Home Branch
Credit Limit	Sales Rep
Authorised by (Branch Manager)	Credit Manager
Date	Date
Bank Ref date sent	Trade Ref date sent

BANK MANDATE – STATUS ENQUIRY

ENQUIRY FROM: Sydenhams Ltd
45/47 Ashley Road, Boscombe
Bournemouth, Dorset BH1 4LG
Credit Control: 01202 705010
Fax: 01202 302634

Please complete your bank details below and return with your application to Sydenhams Ltd

BANK ACCOUNT NAME

HOME ADDRESS

ACCOUNT NUMBER

SORT CODE

CONSENT (to be filled in by applicant)

I/We authorise Bank Branch

To provide a banker opinion, as stated above

SIGNED FULL NAME DATE

FOR AND ON BEHALF OF

FOR SYDENHAMS USE ONLY

To the Manager Bank Please quote ref:

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

We enclose your registration fee of £ (Inc Vat)