



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	Email Address		
Mobile Number	Do you require your Delivery Tickets Priced		
If you require your documents emailed please provide email address			
Name and Address of Bank/Building Society Funding this Project (please attach copy of "Letter of Intent" or proof you have sufficient funds) also please fill in attached bank mandate			
Do you own your current property			
What is the expected starting date for this project			
Total Credit Limit Required £		Contact for Accounts	
Who is authorised to Purchase Goods for your Account			
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			
<u>For Sydenhams Use Only:</u>			
Account Number		Home Branch	
Credit Limit		Sales Rep	
Authorised by:			
Branch Manager	Date	Credit Control Manager	Date
Bank Reference Date Sent		Credit Check X	