

Pre-Registration Form

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
		Postcode:	<input type="text"/>
Mobile No	<input type="text"/>	Landline No	<input type="text"/>
E-Mail	<input type="text"/>		
	Preferred Method Of Contact	<input type="text"/>	

Property Type	<input type="text"/>	Location	<input type="text"/>
No of Bedrooms	<input type="text"/>	Start Date	<input type="text"/>
Parking or Garage	<input type="text"/>	Term	<input type="text"/>
Garden	<input type="text"/>		

Employed? Y/N	<input type="text"/>		
Student? Y/N	<input type="text"/>	If Yes, where?	<input type="text"/>
Housing Benefit	<input type="text"/>		
Pets? Y/N	<input type="text"/>	Smokers? Y/N	<input type="text"/>
Children? Y/N	<input type="text"/>	If Yes, how many?	<input type="text"/>
Currently Selling? Y/N	<input type="text"/>	If Yes, have you exchanged or have an exchange date?	<input type="text"/>