

Principal(s) details: PLEASE TICK

Full Name(s) and home address of owner(s)/partner(s): 	Full Name(s) and home address of owner(s)/partner(s):
POSTCODE:	POSTCODE:
Do you hold any other directorships? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you hold any other directorships? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please state:	If yes, please state:
Date of birth:	Date of birth:

Preferred Despatch Method: PLEASE TICK

Please specify preferred despatch method: (when left blank, goods will be dispatched via surface post)

POST AIRFREIGHT SEA FREIGHT PALLET CARRIER

Export customer ONLY, please specify nominated freight forwarder (including full address):

FORWARDER NAME:

ADDRESS:

POST CODE: CONTACT NAME:

FAX NUMBER: TELEPHONE NUMBER:

Dues preference

Please specify desired length of time to record dues: (maximum of 12 months)

BACKLIST (OUT OF STOCK) MONTHS NOT YET PUBLISHED MONTHS

Monthly credit requirement forecast

Please specify your forecasted monthly credit requirements £ _____

Acceptance of Terms and Conditions

All orders are made and accepted in accordance with the current Terms and Conditions of Supply of The Book Service Limited, which the customer confirms it has reviewed and accepted and which apply to all orders made by the customer. By placing an order, the customer specifically agrees to the organising, collation, sorting, processing and deletion of data in accordance with provision 10.2 of the Terms and Conditions of Supply of The Book Service Limited

Signed (Principal) Duly authorised to sign on behalf of the company	Signed (Principal) Duly authorised to sign on behalf of the company second signature is required in the case of a partnership
PRINT NAME:	PRINT NAME:
POSITION IN COMPANY:	POSITION IN COMPANY:
DATE: <input type="text"/>	DATE: <input type="text"/>

Application for credit facilities may be denied or withdrawn by the company at any time.
This application will only be considered if completed in FULL
and accompanied by your official company letterheaded paper.

Please return the completed form to: TBS Credit Services Department, Colchester Road, Frating Green, Colchester, Essex CO7 7DW Fax: +44 (0)1206 256051

Internal use only (BLOCK CAPITALS)

PRIME:	BRICK:	ACCOUNT NUMBER:	<input type="text"/>
CARRIER:	ROUTE:	OPENED BY:	DATE: <input type="text"/>

Publisher use only (BLOCK CAPITALS)

PUBLISHER:	AUTHORISED DISCOUNT %:	MULTIPLE CODE:	DATE: <input type="text"/>
REPRESENTATIVE NAME:	REPRESENTATIVE CODE:	AUTHORISED REPRESENTATIVE SIGNATURE:	