



NEW ACCOUNT AND CREDIT APPLICATION AND AGREEMENT TO TERMS AND CONDITIONS OF SUPPLY

Please complete the form in **BLOCK CAPITALS**.
Any incomplete application may be returned and therefore delay your application.
All applications must be accompanied by your official company letter headed paper

Company Information:

COMPANY NAME: _____

TRADING NAME: (IF DIFFERENT) _____

WEBSITE: _____

Address for Invoice/Statement:

Address for Delivery: (IF DIFFERENT)

<p style="text-align: right;">POSTCODE: _____</p>	<p style="text-align: right;">POSTCODE: _____</p>
---	---

Contact Details:

Accounts Payable:

CONTACT NAME: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS FOR ELECTRONIC INVOICES/CREDITS/STATEMENTS: _____

Type of Business: PLEASE TICK

SOLE TRADER: <input type="checkbox"/>	LIMITED LIABILITY PARTNERSHIP: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>
PLC: <input type="checkbox"/>	LIMITED COMPANY: <input type="checkbox"/>	REGISTERED CHARITY: <input type="checkbox"/>
DO YOU TRADE ONLINE: <input type="checkbox"/>	EORI NUMBER: _____	
COMPANY REGISTRATION NUMBER: _____		COMPANY VAT NUMBER: _____
PERIOD OF TRADING: LESS THAN 1 YEAR <input type="checkbox"/>	1-2 YEARS <input type="checkbox"/>	2-5 YEARS <input type="checkbox"/>
5-10 YEARS <input type="checkbox"/>	10+ YEARS <input type="checkbox"/>	EST ANNUAL SALES <input type="text"/>

ORDERING METHOD: PUB EASY: FTP: OTHER: _____

Monthly Credit Requirement Forecast:

PLEASE SPECIFY YOUR FORECASTED MONTHLY CREDIT REQUIREMENTS £ _____

**Principal(s) Details:** PLEASE TICK

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

Preferred Despatch Method: PLEASE TICK

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

PARCEL/POST (UK ONLY): AIR FREIGHT: SEA FREIGHT: PALLET CARRIER: ORDER FREQUENCY: DAILY/WEEKLY/MONTHLY/OTHER

EXPORT CUSTOMERS ONLY, please specify nominated freight forwarder: (including full address)

FORWARDER NAME: _____

ADDRESS: _____

POSTCODE : _____

CONTACT NAME: _____ 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

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.

The information you submit in support of your new application will be used to manage your account with The Book Service Limited (also trading as Grantham Book Services) including continuing assessment of creditworthiness. We may use and disclose this information for any legal business purpose. By signing this new account and credit application form, you are acknowledging that The Book Service Limited may use, and disclose to, any person or entity, the information submitted herewith for any legal business purpose.

I authorise The Book Service Limited to make a search through credit reference agencies in order to ascertain status, credit worthiness, for tracing purposes and The Book Service Limited is free to repeat such searches to periodically review such facility, and I also acknowledge that this information may be shared with other businesses. Such searches may also collate information relating to Directors and Partners.

Signed (Principal)

Duly authorised to sign on behalf of the company

PRINT NAME:

POSITION IN COMPANY:

DATE: **Signed (Principal)**Duly authorised to sign on behalf of the company
second signature is required in the case of a partnership

PRINT NAME:

POSITION IN COMPANY:

DATE:

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 265051

Internal use only (BLOCK CAPITALS)

PRIME: _____ BRICK: _____ ACCOUNT NUMBER:

CARRIER: _____ ROUTE: _____ OPENED BY: _____ DATE:

Publisher use only (BLOCK CAPITALS)

PUBLISHER: _____ AUTHORISED DISCOUNT % _____ MULTIPLE CODE: _____ DATE:

REPRESENTATIVE NAME: _____ REPRESENTATIVE CODE: _____ AUTHORIZED REPRESENTATIVE SIGNATURE: _____

