

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) _____

Address for statement:

Address for invoice/delivery: (IF DIFFERENT)

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>POSTCODE: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>POSTCODE: _____</p>
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Contact Details

Accounts payable:

Account order queries:

<p>CONTACT NAME: _____</p> <p>TELEPHONE NUMBER: _____</p> <p>FAX NUMBER: _____</p> <p>EMAIL ADDRESS: _____</p> <p>WEB ADDRESS: _____</p>	<p>CONTACT NAME: _____</p> <p>TELEPHONE NUMBER: _____</p> <p>FAX NUMBER: _____</p> <p>EMAIL ADDRESS: _____</p>
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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"/>

COMPANY REGISTRATION NUMBER: _____ COMPANY VAT NUMBER: _____

PERIOD OF TRADING: LESS THAN 1 YEAR 1-2 YEARS 2-5 YEARS 5-10 YEARS 10+ YEARS

Trade References

Please provide TWO trade references (including contact details and your unique identifying account number):

<p>COMPANY NAME: _____</p> <p>CONTACT DETAILS: _____</p> <p>TELEPHONE NUMBER: _____</p> <p>FAX NUMBER: _____</p> <p>A/C NUMBER: _____</p>	<p>COMPANY NAME: _____</p> <p>CONTACT DETAILS: _____</p> <p>TELEPHONE NUMBER: _____</p> <p>FAX NUMBER: _____</p> <p>A/C NUMBER: _____</p>
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Principal(s) Details PLEASE TICK

Full names(s) and home address of owner(s)/partner(s):

POSTCODE:

Do you hold any other directorships? YES NO

If yes, please state:

Date of birth:

Full names(s) and home address of owner(s)/partner(s):

POSTCODE:

Do you hold any other directorships? YES NO

If yes, please state:

Date of birth:

Preferred Despatch Method: PLEASE TICK

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

POST AIRFREIGHT SEA FREIGHT PALLET CARRIER

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

FORWARDER NAME:

ADDRESS:

POSTCODE:

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.

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 256051

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:
AUTHORISED REPRESENTATIVE SIGNATURE: