

APPLICATION FOR CREDIT ACCOUNT EXPORT CUSTOMERS ONLY

PLEASE COMPLETE ALL SECTIONS.

EUROPEAN UNION APPLICANTS MUST ALSO SUPPLY THEIR EU VAT NUMBER – SEE SECTION 3.

Please return the form, with a copy of your letterhead, to the Credit Control Department at the address above.

SECTION 1

COMPANY NAME _____
 & BUSINESS TYPE (if different) _____

ADDRESS Street Name _____
 P.O. Box _____
 Town and Post Code _____
 Country _____
 Telephone _____
 Fax _____
 E-mail _____

DELIVERY ADDRESS _____
 (if different) _____

SECTION 2

CONTACT PERSON _____
 (concerning orders/deliveries)
 Fax No _____
 Telephone _____
 E-mail _____
 Web site _____

IF WE DO NOT HAVE STOCK DO YOU WANT ORDERS TO BE RECORDED?

Titles already published Yes / No If Yes, for ___ months / until available

Titles not yet published Yes / No If Yes, for ___ months / until published

WHICH EDITION DO YOU PREFER? Hardback / Paperback

INVOICES (how many copies do you require?) By Post _____ In Parcel _____

PLEASE DESIGNATE SPECIFIC SHIPPER IF APPLICABLE _____
(you can ask us for advice on suitable shippers)

ALTERNATIVE SHIPPER FOR SMALL ORDERS _____
Specify for weights below 5 or 30 Kilograms _____

DO YOU HAVE EXISTING FACILITIES TO TRADE VIA EDI OR THE INTERNET? Yes / No
If yes please give details: _____

Would you like to receive further details with regard to the use of EDI/Internet with Marston Book Services? Yes / No

SECTION 3

EUROPEAN UNION APPLICANTS
EU VAT NUMBER _____

SECTION 4

BANK'S NAME _____

FULL ADDRESS OF
BRANCH WHERE
ACCOUNT IS HELD _____

ACCOUNT No. _____

SORT CODE _____

CONTACT PERSON (at bank) _____

* TRADE REFERENCES – Preferably British Publishers (A/C number if known, and fax no.)

1) _____

2) _____

3) _____

* (If no previous dealings with publishers, other manufacturers/suppliers may be quoted; solicitors/accountants for new traders. Please give European/American publishers if no dealings with British publishers)

SECTION 5

EXPECTED PAYMENT METHOD _____
(Cheque, BACS, Bank Transfer, Credit Card, etc.)

PAYER'S NAME (if different from company name) _____

CONTACT PERSON (for payments/accounts) _____

TELEPHONE _____

FAX _____

E-mail _____

BUSINESS STATUS (sole owner, partnership, limited company, charity, etc.) _____

DATE ESTABLISHED _____

TYPE (wholesale, retail, mail order, export, etc.) _____

REGISTERED NO. _____

PARENT/ASSOCIATED/SUBSIDIARY COMPANIES _____

SECTION 6

EXPECTED BUSINESS VIA MARSTON BOOK SERVICES IN YEAR ONE £ _____ YEAR TWO £ _____

TYPE OF CUSTOMERS (booksellers, private individuals, institutes, libraries, schools, etc.) _____

SECTION 7

I hereby confirm that on behalf of _____
I will abide by Marston Book Services Ltd. terms and conditions.

NAME _____

POSITION _____

DATE _____

SIGNATURE _____