

# APPLICATION FOR CREDIT ACCOUNT

## UK CUSTOMERS ONLY

PLEASE COMPLETE ALL SECTIONS.

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 address \_\_\_\_\_  
 SAN NUMBER \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_  
 (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 SAN NUMBER \_\_\_\_\_

### 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



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 5

EXPECTED BUSINESS VIA MARSTON BOOK SERVICES IN YEAR ONE £ \_\_\_\_\_ YEAR TWO £ \_\_\_\_\_

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

## SECTION 6

OUR TERMS ARE STRICTLY **30** DAYS NET. PLEASE CONFIRM THAT YOU AGREE WITH THESE TERMS BY SIGNING BELOW.

NAME -----

POSITION -----

DATE -----

SIGNATURE -----