# 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)**

**POSTCODE:**

### Contact Details:

**Accounts Payable:**

**CONTACT NAME:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS FOR ELECTRONIC INVOICES/CREDITS/STATEMENTS:**

### Type of Business: **PLEASE TICK**

<table>
<thead>
<tr>
<th>SOLE TRADER:</th>
<th>LIMITED LIABILITY PARTNERSHIP:</th>
<th>PARTNERSHIP:</th>
</tr>
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<tbody>
<tr>
<td>PLC:</td>
<td>LIMITED COMPANY:</td>
<td>REGISTERED CHARITY:</td>
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</table>

**DO YOU TRADE ONLINE:**

**EORI NUMBER:**

**COMPANY REGISTRATION NUMBER:**

**COMPANY VAT NUMBER:**

**PERIOD OF TRADING:**

- **LESS THAN 1 YEAR**
- **1-2 YEARS**
- **2-5 YEARS**
- **5-10 YEARS**
- **10+ YEARS**

<table>
<thead>
<tr>
<th>ORDERING METHOD:</th>
<th>PUB EASY:</th>
<th>FTP:</th>
<th>OTHER:</th>
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</table>

### Monthly Credit Requirement Forecast:

**PLEASE SPECIFY YOUR FORECASTED MONTHLY CREDIT REQUIREMENTS £**
### Principal(s) Details:

<table>
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<tr>
<th>Full names(s) and home address of owner(s)/partners(s):</th>
<th>Full names(s) and home address of owner(s)/partners(s):</th>
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<tbody>
<tr>
<td>POSTCODE:</td>
<td>POSTCODE:</td>
</tr>
<tr>
<td>Do you hold any other directorships?</td>
<td>Do you hold any other directorships?</td>
</tr>
<tr>
<td><strong>YES</strong> □   <strong>NO</strong> □</td>
<td><strong>YES</strong> □   <strong>NO</strong> □</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Date of birth:</td>
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### Preferred Despatch Method:

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

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: csaccountmaster@penguinrandomhouse.co.uk or TBS Credit Services Department, Colchester Road, Frating Green, Colchester, Essex CO7 7DW Fax: +44 (0) 1206 265051

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Internal use only (BLOCK CAPITALS)

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<thead>
<tr>
<th>PRIME:</th>
<th>BRICK:</th>
<th>ACCOUNT NUMBER:</th>
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<tr>
<th>CARRIER:</th>
<th>ROUTE:</th>
<th>OPENED BY:</th>
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Publisher use only (BLOCK CAPITALS)

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<tr>
<th>PUBLISHER:</th>
<th>AUTHORISED DISCOUNT %</th>
<th>MULTIPLE CODE:</th>
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| AUTHORISED REPRESENTATIVE SIGNATURE: | |