

# OXFORD

UNIVERSITY PRESS

ACADEMIC SALES DEPT  
CLARENDON STREET  
OX2 6DP

## PRIVATE & CONFIDENTIAL

### STATUS ENQUIRY & CONSENT FORM

ENQUIRY TO: THE MANAGER

BANK & BRANCH: .....

1 ADDRESS: .....

SORT CODE: ..... ACCOUNT NO: .....

ENQUIRY FROM

NAME: Oxford University Press, Great Clarendon Street, Oxford, OX2 6DP

2 TEL NO: 01865 353081 FAX NO. 01865 353610

CONTACT: Emma Potts, Trade Credit Controller

INFORMATION REQUEST ON:

WE REQUEST YOUR OPINIONS AS TO THE MEANS AND STANDING OF:

3 .....  
.....  
.....

AND THEIR TRUSTWORTHINESS IN THE WAY OF BUSINESS TO THE EXTENT OF:

£

### CUSTOMER TO COMPLETE CONSENT BELOW:

I/WE ..... CONSENT TO .....  
(insert your Bankers name)

PROVIDING A REFERENCE ON ME/US TO:

4 Oxford University Press, Great Clarendon Street, Oxford

Signed.....Position.....Date.....