

OXFORD

UNIVERSITY PRESS

ACADEMIC SALES DEPT
 GREAT CLARENDON STREET
 OXFORD OX2 6DP, UK

CREDIT ACCOUNT APPLICATION

You Must Complete All Sections (1 to 7). Please Return the Form with a Copy of Your Company Letterhead to **Academic Sales Administration** at the Above Address.

1.

COMPANY NAME
 (and Trading Style if different)

STREET

TOWN COUNTY

COUNTRY POSTCODE POST BOX

TELEPHONE FAX

E-MAIL

DELIVERY ADDRESS
 (if different)

STREET

TOWN COUNTY

COUNTRY POSTCODE POST BOX

TELEPHONE FAX

E-MAIL

UK Customers Only

VAT No

European / Export Customers Only

EC VAT No

2.

CONTACT PERSON TELEPHONE
 (Concerning orders/deliveries)

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

Titles Not Yet Published YES/NO If Yes, formonths/until available

Titles Already Published YES/NO If Yes, formonths/until available

IF A TITLE IS OUT OF PRINT OR IS AN OLD EDITON, DO YOU WISH TO RECEIVE A SUBSTITUTE? YES/NO

HOW MANY COPIES OF INVOICES DO YOU NEED? By Parcel In Post

DO YOU HAVE ANY SPECIAL DELIVERY REQUIREMENTS?

ARE YOU ABLE TO ACCEPT PALLETS? YES/NO

2.

(cont)

European / Export Customers Only

PLEASE STATE YOUR PREFERRED DELIVERY / SHIPPING METHOD i.e. Air Mail, Surface Mail or Freight Forwarder (please give full name and address if freight forwarder)

.....

ALTERNATIVE FOR SMALL ORDERS BelowKG

3.

BANK'S NAME

FULL ADDRESS OF
ACCOUNT HOLDING
BRANCH

ACCOUNT NUMBER SORT CODE

CONTACT PERSON
(at Bank)

* TRADE REFERENCES Name

Address

.....

Name

Address

.....

* (If you have had no previous dealings with publishers, other manufacturers/suppliers may be quoted; solicitors/accountants for new traders.

4.

EXPECTED METHOD OF PAYMENT
(BCH, Cheque, GIRO, Bank Transfer, Cash against Documents, etc)

PAYER/S NAME (If different from company name)

CONTACT PERSON TEL: FAX
(For payments/accounts)

EXPECTED OUP BUSINESS IN Year One Year Two
(Minimum of £1,750 per annum required)

5.

TYPE OF BUSINESS
(Wholesale, Retail, Library Supply, Educational Contractor, Mail Order, Exporter, etc)

BUSINESS STATUS..... DATE ESTABLISHED/
(Sole owner, partnership, Ltd Co., Charity, etc) SUCCEEDED TO

COMPANY REGISTRATION NUMBER

PARENT/ASSOCIATED/SUBSIDIARY COMPANIES

SPECIALISATION(S)

DOES YOUR BUSINESS RUN FROM Retail Shop [] Warehouse [] Other []

ARE YOU A MEMBER OF THE BOOKSELLER'S ASSOCIATION? YES/NO SAN NO.

5b.

For German Customers Only.
VERKEHRSNUMBER BAG NUMBER (if applicable)

6.

For PubEasy Users Only.
IF YOU ARE REGISTERED WITH PUBEASY AND WOULD LIKE TO ORDER OUP TITLES THROUGH IT, PLEASE STATE YOUR PUBEASY ACCOUNT DETAILS HERE
For further information about the benefits of using PubEasy, please see www.pubeasy.com

7.

Copy of OUP Terms and Conditions received and hereby accepted. Copy of business letterhead attached.
SIGNATURE
NAME POSITION
DATE