

OXFORD

UNIVERSITY PRESS

OXED INTERNATIONAL SALES DEPT.
GREAT CLARENDON STREET,
OXFORD, OX2 6DP, UK
Tel: + 44 1865 353448 Fax: + 44 1865 353688

CREDIT ACCOUNT APPLICATION

You Must Complete All Sections. Please Return the Form with a Copy of Your Letterhead to **Louisa Why** 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

IMPORTANT FOR EC APPLICANTS: 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

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

PLEASE GIVE YOUR DELIVERY/SHIPPING METHOD eg Air Mail, Surface Mail or Freight Forwarder
(please give full name & address if Freight Forwarder)

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.....

ARE YOU ABLE TO ACCEPT PALLETS? YES/NO

ALTERNATIVE FOR SMALL ORDERS Below KG

ANY SPECIFIC PACKING REQUIREMENTS: eg Pallet Size / Packing Height / Carton Size / Maximum Weight :

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3.

BANK'S NAME

FULL ADDRESS OF ACCOUNT HOLDING BRANCH

ACCOUNT NUMBER SORT CODE

CONTACT PERSON (at Bank)

* TRADE REFERENCES Name

Address

Tel / Fax / Email

Name

Address

Tel / Fax / Email

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

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

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.	

6.

Copy of OUP Terms and Conditions received and hereby accepted. Copy of business letterhead attached.	
(We will accept a completed form to come back via fax although we will need a hard copy plus a letterhead by post within a month of us setting up the account).	
SIGNATURE	
NAME	POSITION
DATE	