

Credit Account Application

REASON FOR APPLICATION (PLEASE TICK)		
<input type="checkbox"/> New Account	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Trade Name

BUSINESS DETAILS		
Business/Store Name		
(Trading as)		
Statement Address		
City	State.	Postcode
Delivery Address (if different to above)		
City	State.	Postcode
Contact Person		
Telephone	Fax.	

DIRECTORS NAMES & ADDRESSES		

TYPE OF BUSINESS (PLEASE TICK)	
<input type="checkbox"/>	Independent Book Store
<input type="checkbox"/>	Book Chain Franchise
<input type="checkbox"/>	Library Supplier
<input type="checkbox"/>	Other, please specify

TRADE REFERENCES		
Name		
City	State.	Postcode
Telephone	Fax.	
Mobile	Email	

TRADE REFERENCES		
Name		
City	State.	Postcode
Telephone	Fax.	
Mobile	Email	

I HEREBY AGREE TO THE TERMS GIVEN, INCLUDING CREDIT TERMS OF 30 DAYS EOM	
Signed	Date