



CREDIT ACCOUNT APPLICATION FORM (HOME/EXPORT)

Date of Application * _____

1) TRADING NAME			
2a) REGISTERED COMPANY NAME			
b) REGISTERED ADDRESS -			
c) POSTCODE			
d) CONTACT NAME			
e) TELEPHONE NUMBER		f) FAX No.	
g) EMAIL ADDRESS			
h) COMPANY REG. NUMBER		i) VAT REG. No.	
3) CREDIT LIMIT REQUESTED (£)			
4) TYPE OF BUSINESS (Please tick)		RETAIL WHOLESALE OTHER (Please State)	
5) NAME OF DIRECTORS/PROPRIETORS			

Please enter the full address (UK Freight Forwarder – Export customers only) *

ADDRESS DETAILS	6) STATEMENTS	7) INVOICES	8) DELIVERY	9) UK FREIGHT FORWARDER
NAME				
STREET & TOWN				
COUNTY/CITY				
COUNTRY				
POSTCODE / ZIPCODE				

REFERENCES:- Please enter full name & address including postcode *

REFERENCE DETAILS	10) BANK DETAILS	11) FIRST TRADE REFERENCE	12) SECOND TRADE REFERENCE
NAME			
STREET			
TOWN & CITY			
COUNTRY			
POSTCODE / ZIPCODE			
ACCOUNT NUMBER			
EMAIL ADDRESS			

13 - CREDIT TERMS AND CONDITIONS:

- A) Payment is to be made 30 days after date of statement.
- B) Credit facilities may be withdrawn if the agreed payment terms are not met or at the company's discretion.
- C) Claims for non-receipt of goods must be made within 21 days from the date of invoice
- D) Low Order Value Surcharge (LVOS) will be applied to orders under a minimum value of £100 net.

I/We declare that the information given under Sections 1 to 12 is correct and agree to adhere to the terms set out in Section 13. I hereby state that I have read the terms and conditions provided (See document HC/AO/AF/07d). Please tick and sign below.

NAME..... SIGNED..... POSITION..... DATE.....

CREDIT CONTROL USE ONLY		SALES USE ONLY
HCP Receipt Date:	Account Reference:	Opening Order Value £
Brick:	Credit Limit:	Terms On Opening Order:
Acct No:	Credit Terms:	Discount:
Opened By:	Authorised By:	
Date:	Date:	Rep. Name:

Please ensure all numbered sections and those with an asterisk * are completed in full to enable your application to be processed promptly. Please send completed forms to: Credit Management, HarperCollins, Westerhill Road, Bishopbriggs, Glasgow. G64 2QT.

HarperCollins *Publishers*

Westerhill Road
Bishopbriggs
Glasgow G64 2QT

Credit Management
Direct Line 0141 306 3286
Fax 0208 437 4252

PRIVATE AND CONFIDENTIAL – STATUS ENQUIRY AND CONSENT FORM

Please complete the following (IN BLOCK CAPITALS) and return with your completed Account Application to the above address at your earliest convenience.

ENQUIRY TO : THE MANAGER	
Bank Name	
Bank Branch	
Bank Address	
Account Name & Number	
Sort Code	
Business Manager's Name	
Business Manager's Tel No	
Business Manager's Email Address	

INFORMATION REQUESTED ON	
I/We request your opinion as to the means and standing of :-	
Name of Customer	
Customer's Address	
and their trustworthiness in the way of business to the extent of £	

CONSENT :	
Subject's Full Name	I/We consent to
Subject's Bank	Bank Plc
providing a reference on me/us to HarperCollins Publishers Ltd at the above address.	
Signed	
Date	

HarperCollins Publisher
Customer Service
Credit Management
Westerhill Road
Bishopbriggs
Glasgow
G64 2QT

Telephone +44 (0) 141 306 3286
Fax +44 (0) 208 237 4252
Email ian.mcwhirter@harpercollins.co.uk

Date

**Government Funded Institution Waiver –
to be Completed by the Sales Manager, Rep or Designated 3rd Party Contact**

Dear HarperCollins Publishers,

I hereby grant

Customer Name	
Print Name	

to be exempt from following HarperCollins Publishers Credit Account Application procedures, with regards to attaining Bank and Trade References.

Signature	
Print Name	
Position	
Company	

If applicable, please attach this waiver to the Credit Account application and return to HarperCollins.

Regards

Credit Management
Customer Service

