

## TRADE ACCOUNT APPLICATION FORM

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Tel: 0116 279 2299

## PLEASE COMPLETE ALL SECTIONS

Please return this form to <a href="mailto:tradeorders@troubador.co.uk">tradeorders@troubador.co.uk</a>

COMPANY DET	AILS					
COMPANY NAM	E:					
REGISTERED No.	:					
VAT No.:						
EORI No.:						
INVOICE ADDRES	SS:					
Tel:		Email:				
Business type:	Bookshop	Wholesaler	Library	Other (specify)		
SAN No.:						
CONTACT PERSO	N (for invoices	and payments):				
Tel:		Email:				
DELIVERY ADDRI	ESS (if differen	t):				



## **CONTACT PERSON** (for orders/deliveries):

Tel:	Email:					
ORDERING, INVOICING	AND PAYMEN	NT				
Do you wish us to email t	the invoice, incl	ude in parcel or both?				
By Post	In Parcel	Both				
IF WE DO NOT HAVE STO	OCK DO YOU WA	ANT ORDERS TO BE RECORD	PED?			
Titles already published: Titles not yet published:						
DO YOU HAVE EXISTING	FACILITIES TO T	RADE VIA EDI OR THE INTE	RNET?			
Yes / No	If yes please give details:					
PREFERRED PAYMENT M	IETHOD					
Cheque I	BACS	Bank Transfer	PayPal			
		RMS ARE STRICTLY 30 DA GREE WITH THESE TERMS				
POSITION:						
DATE:		SIGNATURE:				