**TRADE ACCOUNT REQUEST FORM**

STEP 1: To be completed by the Brill Sales Manager or an authorized Sales Representative

Please select the purpose of this request:

REQUEST TO OPEN A NEW TRADE CREDIT ACCOUNT

REQUEST TO CONVERT AN EXISTING PROFORMA ACCOUNT TO A TRADE CREDIT ACCOUNT

REQUEST TO SET UP AN ACCOUNT FOR AN INSTITUTION (= library, research organization etc, not trade, not an individual)

CHANGE OF DISCOUNT FOR AN EXISTING ACCOUNT

In case of an existing account, please provide:

CU-number: ………………………….….

SBAP-number: ………………………….

STEP 2: To be completed by the customer

Organization Name: …………………………………………………………….……………………………………………………

Invoice address: ……………………..……………………………………………….…………………………….………………….

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VAT Number (if applicable): …………………………….……………..

EORI Number (if applicable): ……………………..……………………

PubEasy PIN (if applicable): ………………………………..….………..

Contact details for orders:

Email: ………………………………………………… Tel: ……………………………………………….

Contact details for payments:

Email: ………………………………………………... Tel: ……………………………………………….

Shipping address:

Same as invoice address

Different from invoice address, please provide (shipping agent) address details:

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STEP 2 - Section 2 - To be signed by trade customers requesting a credit account**:**

**Terms and Conditions**

We request that a normal trade account is opened in our name, as stated above, and understand that Brill terms of Sale and Supply are applicable to this account and will form the legal basis of trading between us.

We also agree to abide by the Publisher’s code of conduct, with particular reference to the following: offering or accepting bribes is never allowed, fees stated on the invoice shall always be the same amount as the fees paid, and we comply with all local legal legislation. We will make sure all our employees aware of and abide by the Publisher’s code of business conduct.

On receipt of this complete form your references will be contacted and, if they prove to be satisfactory, you will be contacted with details of your account number.

**Trade references**

1. Company: ………………………………………………………………………………………………………….…….……  
   Contact name and email address: …………………………………………………………………………………….
2. Company: …………………………………………………………………………………………………………….….……  
   Contact name and email address: …………………………………………………………………………………….
3. Company: ………………………………………………………………………………………………………….…….……  
   Contact name and email address: …………………………………………………………………………………….

**Name: Signature:**

**…………………………………………………………… ………….………………..…………………………**

**Position ………………………………………………. Date ……………………………………………….**

STEP 3: To be completed by the Brill Sales Manager and signed off by the Sales Director and Brill Credit Control

Please indicate type of account:

Yes / No Proforma account

Yes / No Credit account, please provide payment terms and credit limit:

Terms: ………… days

Credit limit: € ……………..

Discounts

No discount change

Change discounts to:

|  |
| --- |
| Books |
| Journals 4% discount |
| Hague Academy publications 15% (fixed discount) |
| Scholars 30% (fixed discount) |

Name Sales Manager: Signature:

………………………………*…………………………*

Date ………………………………………………. …………………………………………………

***Authorized by Sales Director:***

Name Sales Director: Signature:

……………………………………..…………………

Date: ……………………………………………….. ……………………………………………………

***Authorized by Credit Controller:***

Name Credit Controller: Signature:

…………………………………………………………

Date: …………………………………..……………. ……………………………………………………