# Document Supply Registration Form

Please complete the form using block capitals – all fields are mandatory.

## 1. Delivery Address and Contact Details

**Organisation**

**Nature of Business**

**Status (please tick)**

- [ ] Non-commercial Organisation *
- [ ] Commercial Organisation
- [ ] Individual

**Department**

**Address**

**City**

**Country**

**Title**

**Contact Name**

**Telephone**

**Fax**

**Email**

*If your organisation status is non-commercial, we will assume the contact name provided on this form is also responsible for the regulation of Document Supply, under our Library Privilege, and International Non-Commercial Document Supply Service Terms and Conditions, unless instructed otherwise.

## 2. Estimated Usage Per Month

**Requests**

## 3. Invoice Address (if different from the delivery address)

**Organisation**

**Department**

**Address**

**City**

**County**

**Country**

**Title**

**Contact Name**

**Telephone**

**Fax**

**Email**

## 4. Payment Details

We will automatically open you a billing account and charge you in GBP (£). If you would rather pay in Euros or US$, please tick the relevant box.

- [ ] Euros
- [ ] US$

Billing Account – No initial payment required. An itemised statement of all documents supplied, together with an invoice, will be sent at the end of each month.

For other account options, please contact customer-services-accounts@bl.uk
5. **ORGANISATION DETAILS** required to open an account

**STATUS** (Ltd/Plc etc)  

**COMPANY NUMBER** (UK only)  

VAT NUMBER*  

NAME OF ALL PROPRIETORS (for Sole Trade and Partnerships)

(i)  

(ii)  

**REGISTERED ADDRESS** (if different from previously stated)

**ORGANISATION**  

**DEPARTMENT**  

**ADDRESS**  

**CITY**  

COUNTRY  

BANK DETAILS (for credit reference purposes only)

**NAME OF BANK**  

**ADDRESS OF BANK**  

**ACCOUNT NUMBER**  

**SORT CODE**  

6. **WE CONFIRM THAT THE INFORMATION GIVEN IS ACCURATE.**

7. **WE HEREBY AGREE TO THE TERMS AND CONDITIONS OF THE BRITISH LIBRARY AVAILABLE AT www.bl.uk/terms TOGETHER WITH ALL AMENDMENTS THERETO.**


**SIGNATURE OF AUTHORISED REPRESENTATIVE**

**DATE**

8. **WE MAY OCCASIONALLY WANT TO EMAIL YOU ABOUT BRITISH LIBRARY PRODUCTS AND SERVICES OTHER THAN DOCUMENT SUPPLY**

PLEASE TICK THE BOX IF YOU WOULD LIKE TO RECEIVE SUCH INFORMATION ☐

Please return the Registration Form by fax to +44 (0)1937 546333 or to the following address:

British Library  
Document Supply  
Customer Services Accounts  
Boston Spa  
Wetherby  
West Yorkshire  
LS23 7BQ  
United Kingdom  

T +44 (0)1937 546655  
customer-services-accounts@bl.uk  
www.bl.uk/articles

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INCD SERVICE ☐

*Value Added Tax: European Community Customers only. EC customers without a VAT registration number will be charged VAT.