



Firm Name : M/s.

Postal Address :

State :

Pin Code :

Phone : Landline/s
Fax No. :

Mobile/s

E-mail :

Website (if any):

Names of Owners/Partners :

Name

Designation

Name

Designation

Names of Contact Persons :

Name

Designation

Name

Designation

Firm's Details :

Category : Publisher Bookseller Wholesaler Book-Shop Exporter Importer Other :

Trade Refereces :

1- M/s.

2- M/s.

3- M/s.

4- M/s.

5- M/s.

6- M/s.

7- M/s.

8- M/s.

Shipping Instructions :

You are kindly requested to open an Credit Account for books published/distributed/sold by you. The above given information by me/ us are correct and true . I/we undertake to settle payment for the books/materials supplied to us as per your discount term & credit policy.

Stamp & Signature

Signed by :

Designation :

For Office Use : Remarks :

(Signature & Name)

For Taxshila Prakashan, New Delhi-110002

* Credit Account will be opened at the Sole discretion of the mangement.