



# Application for Account Sales Facilities

(Please complete electronically or in blue or black ink)

## 1. Organisation Details

Name of Organisation	
Address:	
Postcode:	
Telephone No:	
Email address of main contact:	
Company Registration Number:	
Nature of Business:	

## 2. Invoice Address

<b>Invoice Address</b> (If different)	
Postcode:	
Email address of invoicee:	

## 3. Authorised Purchasers: (see Terms and Conditions 3 for further details)

Name	Name
Name	Name

## 4. Bank Details (\*see note) and Credit Limit:

Name of Bank:	
Branch:	
Address:	
Postcode:	
Account No:	
Credit Limit Requested:	

## 5. Trade References (Not applicable to NHS foundations, Councils and LEAs)

1 <sup>st</sup> Organisation		2 <sup>nd</sup> Organisation	
Address		Address	
Tel:		Tel:	

## 6. Funding Organisation:

Name of Funding Organisation:	
Address: Postcode:	
Telephone No:	

## 7. Declaration

I have read the terms and conditions for Account Sales Facilities at Toys 'R' Us / Babies 'R' Us.	
I agree that (Name of organisation)	
Accepts liability for any purchase made. All invoices will be paid within 30 days and I agree to pay interest at a rate of 2% per month on any invoice outstanding for more than 30 days.	
Signed:	
Name:	
Position:	
Date:	

Please save and send completed form to: [BUSINESSACCOUNTS@TOYSRUS.COM](mailto:BUSINESSACCOUNTS@TOYSRUS.COM) or, Business Accounts, Toys 'R' Us Limited, Geoffrey House, Maidenhead Office Park, Westacott Way, Maidenhead SL6 3QH

YOU WILL BE ADVISED WHEN YOUR APPLICATION HAS BEEN ACCEPTED.

For Office Use Only			
Date received:		Credit limit set:	
Authorised by:		I-N:	
Date authorised:			

Toys 'R' Us and Babies 'R' Us would like to invite organisations to apply for Account Sales Facilities. The facility has been designed for your convenience providing quick and easy shopping with a minimal amount of fuss and bother. To apply, simply read the operating procedures/terms and conditions, complete and sign the application form, and return to the address stated on this form.

If you have any questions regarding Account Sales Facilities please telephone or write to:

[businessaccounts@toysrus.com](mailto:businessaccounts@toysrus.com)

**Business Accounts,  
Toys 'R' Us Limited, Geoffrey House,  
Maidenhead Office Park  
Westacott Way,  
Maidenhead SL6 3QH**

**Tel: 01628 414141  
Fax: 01628 414092**

YOU WILL BE ADVISED WHEN YOUR  
APPLICATION HAS BEEN ACCEPTED.

### Terms and Conditions/Operating Procedures:

1. The order value must be a minimum of £50.00 for us to be able to invoice you under this agreement.
2. Orders can be fulfilled for delivery by emailing purchase orders to [businessaccounts@toysrus.com](mailto:businessaccounts@toysrus.com)

Alternatively if you would prefer to collect your order you can visit your local store. Account sales in store can be made Monday to Friday between 9.am - 5.pm. Sales outside office hours must be arranged in advance. On arrival at a store, make your way to the customer information area and introduce yourself and your organisation as an account sales customer by quoting your account number.

3. Before your order is placed we will carry out the necessary verification checks and receive approval for the sale. An itemised Purchase/Official order (signed by an authorised signatory) must be presented by organisations directly funded by County Councils and Local Authorities. If there is a doubt as to whom is authorised to make the purchase it is better to clear this point with the Store Accounting Team on 0800 9177 125
4. No payment needs to be made at the store or in advance. Toys 'R' Us will invoice you for payment. Interest will be charged at 2% per month on any overdue payments.
5. From time to time high value sales will require additional verification. We are sure you will appreciate this is for the protection of both parties. In this event our store staffs are trained to make these checks as quickly and efficiently as possible.

### Completing your Account Application Form:

1. Complete full name and address of organisation including postcode, telephone number, email address and company registration number.
2. Detail alternative address for invoice where applicable.
3. List Authorised Purchasers, i.e. the people who will select the merchandise at the store.
4. Detail full name and address of your bank, including postcode and your account number. Detail the level of credit you require, otherwise you may be granted a smaller limit than required.\*
5. Provide names and addresses of two trade references. \*

\*Sections 4 and 5 need not be completed if payment is to be received direct from the following organisations (please note an official purchase order must be presented during the transaction):

- (1) Borough or County Councils
- (2) Education Authorities
- (3) Health Authorities

If you are funded by the local council or local authority but pay your own invoices then this section will need to be completed.

6. Where parts 4 and 5 do not apply, complete full name and address of funding organisation including postal code and telephone number.
7. Complete the declaration detailing the name of the organisation and the name and position of the officer making the declaration. Please then sign and date the application.

