

ISBN APPLICATION FORM

Valid for 2012

Please read the accompanying notes. Please use **BLOCK CAPITALS** and **BLACK INK** throughout. If you have had ISBNs before, you will need a different form. Please contact the Agency. **

PUBLISHER INFORMATION (see page 4 of the accompanying notes)

Publishing Name:

Publishing Address:

City/Town:

Postcode:

COMMUNICATION DETAILS (see page 4 of the accompanying notes)

Telephone*:

Fax:

Email*:

Website:

Mobile:

*denotes a mandatory field; please indicate if you do not have a telephone or email address. If you are publishing downloadable products you **MUST** include a website address above.

Name of Applicant:

VAT Number (Ireland only):

FOR OFFICE USE ONLY

Org id:

Prefix:

Date Rec'd:

Notification:

Artemis:

Category:

SAP: Customer:

Sales Order:

Invoice:

** if your form is illegible it will be returned to you and may delay your application

PUBLISHING INFORMATION (see page 5 of the accompanying notes)

How many titles are scheduled for publication in the foreseeable future (e.g. 2-3 years)?

(If you plan to publish more than 10 titles in the next 2 years, we advise that you apply for a larger allocation).

PAGE SAMPLES (see page 5 of the accompanying notes)

Enclose photocopies/drafts of the title page and title page verso of the **first** publication requiring an ISBN. (See examples below). The title page verso must display a publisher statement. Further details for **this** publication must be provided on the Nielsen Title Information Form.

Example Title Page:

TITLE OF PUBLICATION

Subtitle if applicable.

By Author Name

Example Title Page Verso:

Published by Publishing Name.

Copyright © Copyright Holder

If you are not publishing a traditional book, please enclose a sample with the title and publisher statement, such as the insert for a CD.

SERVICE

Prices for 2012

Please select a service

Standard Service
10 working days

Fast Track Service
3 working days

| | | |
|---|---|---|
| Please email an allocation of 10 ISBNs | <input type="checkbox"/> £118.68 (£98.90+£19.78 VAT*) | <input type="checkbox"/> £181.08 (£150.90+£30.18 VAT*) |
| Please email an allocation of 100 ISBNs | <input type="checkbox"/> £256.32 (£213.60+£42.72 VAT*) | <input type="checkbox"/> £318.72 (£265.60+£53.12 VAT*) |
| Please email an allocation of 1000 ISBNs | <input type="checkbox"/> £652.32 (£543.60+£108.72 VAT*) | <input type="checkbox"/> £714.72 (£595.60+£119.12 VAT*) |
| or | | |
| Please post an allocation of 10 ISBNs | <input type="checkbox"/> £118.68 (£98.90+£19.78 VAT) | <input type="checkbox"/> £181.08 (£150.90+£30.18 VAT) |
| Please post an allocation of 100 ISBNs | <input type="checkbox"/> £280.32 (£233.60+£46.72 VAT) | <input type="checkbox"/> £342.72 (£285.60+£57.12 VAT) |
| Please post an allocation of 1000 ISBNs | <input type="checkbox"/> £676.32 (£563.60+£112.72 VAT) | <input type="checkbox"/> £738.72 (£615.60+£123.12 VAT) |

* We will send your allocation by email, but please be aware that lists of ISBNs supplied will be provided in Microsoft Excel format and supporting documentation is supplied in PDF format – please ensure that you have provided an email address on page 1.

**Please either enclose a cheque made payable to ISBN Agency
or complete the card payment form on page 4.**

DECLARATION (see page 5 of the accompanying notes)

I confirm that the details provided on this form are an accurate representation of my/my company's intentions.

Signature of Applicant:

Date:

Nielsen Title Information Form (See page 6 of the accompanying notes)

Please provide information related to your first publication and the page samples you have submitted *only*.

PLEASE COMPLETE ALL SECTIONS WITH BLACK INK IN BLOCK CAPITALS

* Fields marked with an asterisk are mandatory.

| | | | |
|---|-----------------------|--|--|
| 1 ISBN – the ISBN Agency will insert this for you for your first Publication. | | 2 Date of Publication Day Month* Year* | |
| 3 Price of the publication in £* | | 4 Binding/format* e.g. paperback/hardback/ebook/download etc (for ebook/download please give format and file type e.g. Mobipocket, eReader, Rocket, PDF etc.) | |
| 5 Name(s) of Author(s) and other contributor(s) and Date(s) of birth if known. Surname first, followed by other names or initials. (We will assume 'Author' unless stated otherwise e.g. Editor, Illustrator, etc) | | | |
| 6 Translator(s) if applicable Surname first | | 7 Language from which translated (if applicable) | |
| 8 Title of the publication* Subtitle (if applicable) | | | |
| 9 Size in mms* (HxW) | 10 No of pages | 11 No of Volumes (ONLY if sold as a set) | 12 No & type of illustrations (if applicable) |
| 13 Edition (if revised edition please give no.)* | | 14 Running time in minutes (ONLY for audio cassettes/CDs/DVDs etc.) | |
| 15 Series details (if any) | | | |
| 16 Short Description of subject matter (for our classification purposes)* | | | |
| 17 If the book is Adult Fiction (x) General Romance War Historical Science Fiction Western Crime Short Stories Fantasy Erotic Fiction Horror Adventure | | 18 Readership level (x)* Children Tertiary General Primary/Secondary ELT/TEFL Teenage Professional | |
| 19 Name and address of publisher* | | 20 Name and address of distributor (ONLY if different from publisher)* Email address of distributor* _____ | |
| 21 Orders address (ONLY if different from publisher/distributor)* Email address to which orders should be sent* | | | |

ISBN Registration: Card Payment Form

This page is securely shredded after your card has been charged.

Please charge my Visa Mastercard Maestro

Amount: £

Sorry - we do not accept other cards

Card No:

Expiry Date:

Verification No:
(3 digit number found on/below the signature strip)

Start Date:
(if applicable)

Issue No:
(if applicable)

Name as shown on card:
PLEASE PRINT NAME

Registered Address of Card Holder:
PLEASE PRINT ADDRESS

Signature of Cardholder: _____ Date: _____

VAT registration (Ireland only)*:

Telephone number (please supply in case we need to contact you):

IMPORTANT: If any of the above information is not supplied, we will be unable to process your application.

* Publishers based in the Republic of Ireland with a valid VAT number or who are based in the Channel Islands will not be charged VAT on their application. Please ensure that you state the VAT number.

**Please return all four pages of this form,
plus your sample title and title verso pages.
Contact details are on page 1.**