



NEW ACCOUNT FORM

Thank you for selecting Andover Fabrics/Makower UK as your fabric supplier.
Please complete this form for our records.
(Your ORDER must be included with the New Account Form for us to process your account)

NAME OF STORE: _____

Phone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Years in Business: _____ Tax I.D. # _____

BILLING ADDRESS: _____

City: _____ State: ____ Zip: _____ Phone: (____) _____

SHIPPING ADDRESS: (If different than Billing Address)

City: _____ State: ____ Zip: _____ Phone: (____) _____

OWNER NAME: _____ Phone: (____) _____

ACCT. PAYABLE CONTACT: _____ Phone: (____) _____

ALL NEW ACCOUNT MUST BE CREDIT CARD TERMS ONLY FOR 1 YEAR.

CREDIT CARD INFORMATION : (Please Print)

Credit Card #: _____
(Please note the above card # must be a true charge card, not a "Debit Card".)

Name on Card: _____

Billing Address: _____

Expiration Date: Month ____ Year ____ Security Code/CVV: _____ (3 or 4 digit code)

Zip Code: _____ Billing Telephone: _____

Signature of Card Holder: _____

Would you like to be notified via email when we have goods on promotion? YES NO