

CREDIT ACCOUNT APPLICATION FORM

Full Trading Name.....	REFERENCES Name, address & telephone number
Address.....	First Supplier.....
Telephone number.....	Telephone number.....
Fax number.....	Fax number.....
If Partnership, name & address of each partner	Second Supplier..... Telephone number.....
If Limited Company, registered office address Date of Incorporation..... Registration number..... VAT Registration number.....	Fax number..... <p style="text-align: center;">Declaration by Applicant</p> I/We formally request to open a Credit Account and agree to adhere to the terms & conditions of sale and credit terms of Clothes4work Limited. I/We understand that the initial order may be on a proforma basis. Signed..... Position..... Date.....
Name of senior partner or managing director	TERMS ARE STRICTLY NETT 30 DAYS FROM INVOICE DATE.
Maximum Credit requirement £.....	

Clothes4work Limited, Top Barn, Crowle, Worcester, WR7 4AB

EMAIL : info@clothes4work.co.uk Freephone : 0800 032 56 60 Fax : 01905 381 705