



# New Customer Account Form

**VUE Ltd, 187 Cross Street, Sale, Cheshire M33 7JG**

**Tel: 0161 962 4356**

**Fax: 0161 973 5060**

## Details

Full Trading Name/s of Applicant \_\_\_\_\_

Trading Address \_\_\_\_\_

Invoice Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

If a Limited Company or PLC:  
Address of Registered Office

\_\_\_\_\_  
\_\_\_\_\_

Registration Number \_\_\_\_\_

Your Banks Name \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_

## Business Size

Annual Sales £ \_\_\_\_\_

No. of Employees \_\_\_\_\_

## References

Name, Address and Telephone Number of a Main Supplier \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approximately what value do you buy from this supplier each year? £ \_\_\_\_\_

## Credit

Terms: 30 days from date of invoice

State your maximum credit requirement £ \_\_\_\_\_

Name of person responsible for payment of account on time \_\_\_\_\_

## Declaration by Credit Applicant

I, being an authorised Officer of this business hereby request you to open a credit account, and I agree that payment of accounts will be received by you (our supplier) within your stated credit terms.

I/We appreciate that adherence to this obligation is the essence of the contract between us.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_