



# ARCOPEL

Arcopel acoustique ltée – 11 201, rue Mirabeau, Anjou (Québec) H1J 2S2

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Sans frais : 1 888 ARCOPEL – 1 888 272 6735  
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## CREDIT APPLICATION FORM

CORPORATE NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE : \_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

WEB SITE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### ADMINISTRATORS

NAME \_\_\_\_\_ FUNCTION \_\_\_\_\_

NAME \_\_\_\_\_ FUNCTION \_\_\_\_\_

NAME \_\_\_\_\_ FUNCTION \_\_\_\_\_

### BANK REFERENCE

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

### SUPPLIERS

COMPANY'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

COMPANY'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

COMPANY'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BY THE PRESENT, WE AGREE JOINTLY AND INDIVIDUALLY, TO PAY OUR ACCOUNT ACCORDING TO YOUR USUAL TERMS OF SALE, NET 30 DAYS OF THE DATE OF THE INVOICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ FUNCTION \_\_\_\_\_

## RESERVED FOR « ARCOPEL ACOUSTIQUE LTÉE »

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ PRICE \_\_\_\_\_

.../2

## PERSONAL CAUTION

I, \_\_\_\_\_, as a senior administrator or officer, agrees that demand for credit was granted to the company Arcopel Acoustic Ltd. in this day and carries me jointly and severally liable for all obligations of the Company at any time after the date hereof and is valid until full payment; said bail may be revoked by notice in Arcopel ACOUSTICS LTD but any amount owing will remain my responsibility.

Signed in \_\_\_\_\_, this (date) \_\_\_\_\_,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness