



ARCOPEL

À VOTRE SERVICE DEPUIS 1986

Montréal 514 355-7720 | Québec 418 877-7720

Sans frais 1 888 272-6735

info@arcopel.com | arcopel.com

CREDIT APPLICATION FORM

CORPORATE NAME : _____

ADDRESS : _____

_____ POSTAL CODE : _____

TELEPHONE : (____) _____ - _____ FAX : (____) _____ - _____

BILLING E-MAIL _____

COMMUNICATIONS 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 : (____) _____ - _____

WE HEREBY AUTHORIZE ARCOPEL ACOUSTIQUE LTD TO MAKE THE NECESSARY VERIFICATIONS WITH OUR FINANCIAL INSTITUTION AND OUR SUPPLIERS IN ORDER TO PROCEED WITH THE OPENING OF OUR ACCOUNT.

DATE _____ SIGNATURE _____ FUNCTION _____

CONSENT

I HEREBY CONSENT TO RECEIVING BY EMAIL ANY COMMUNICATION FROM ARCOPEL ACOUSTIQUE LTD

DATE _____ SIGNATURE _____ FUNCTION _____

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PERSONNAL 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

RESERVED FOR « ARCOPEL ACOUSTIQUE LTÉE »

APPROVED _____ DATE _____ AMOUNT _____ PRICE _____