

## 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 (QUEBEC) LTÉE 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 (QUEBEC) LTÉE

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 Acoustique (Quebec) Ltée 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 Acoustique (Quebec) Ltée but any amount owing will remain my responsibility.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

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**RESERVED FOR « ARCOPEL ACOUSTIQUE (QUEBEC) LTÉE »**

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