ARCOPEL
MONTRÉAL | QUÉBEC 40 ans

Montréal 514 355-7720 | **Québec** 418 877-7720
Sans frais 1 888 272-6735
info@arcopel.com | **arcopel.com**

CREDIT APPLICATION FORM

CORPORATE NAME : _____
ADRESS : _____
_____ POSTAL CODE : _____
TELEPHONE : (_____) _____-_____ FAX : (_____) _____-_____
BILLING E-MAIL _____
COMMUNICATIONS E-MAIL : _____

ADMINISTRATORS

NAME _____ FUNCTION _____
NAME _____ FUNCTION _____
NAME _____ FUNCTION _____

BANK REFERENCE

BANK NAME _____
ADRESS _____
TELEPHONE : (_____) _____-_____ ACCOUNT # _____

SUPPLIERS

COMPANY'S NAME _____
ADRESS _____
TELEPHONE : (_____) _____-_____ FAX : (_____) _____-_____

COMPANY'S NAME _____
ADRESS _____
TELEPHONE : (_____) _____-_____ FAX : (_____) _____-_____

COMPANY'S NAME _____
ADRESS _____
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 _____

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

RESERVED FOR « ARCOPEL ACOUSTIQUE (QUEBEC) LTÉE »

APPROUVED _____ DATE_____ AMOUNT_____ PRICE_____