EXCELLENT FACETS

KYC / NEW CUSTOMER FORM

Excellent Facets SA

Company Name

DBA (if different)

Contact Person

Address

City, Postal Code, Country

Phone

Fax

UID / CHE Number

VAT Number

BANK INFORMATION

Bank Name and Address

Account Number

Bank Phone Number

Contact

CREDIT REFERENCES

1.

Vendor Name & Address

Phone Number

Fax Number

Contact

2.

Vendor Name & Address

Phone Number

Fax Number

Contact

EXCELLENT FACETS

3.

Vendor Name & Address _____

Phone Number _____

Fax Number _____

Contact _____

I represent that the above information is true and is given to induce Excellent Facets SA to extend credit to the applicant. My company and I authorize Excellent Facets SA to make such credit investigation as Excellent Facets SA sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Excellent Facets SA any and all information concerning the financial and credit history of my company and myself.

Authorized Signature _____

Printed Name _____

Title _____

Date _____