



EXCELLENT FACETS

KYC / NEW CUSTOMER FORM

Excellent Facets SAS

Company Name

DBA (if different)

Contact Person

Address

City, Postal Code, Country

Phone

Fax

SIREN / SIRET

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 SAS to extend credit to the applicant. My company and I authorize Excellent Facets SAS to make such credit investigation as Excellent Facets SAS 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 SAS any and all information concerning the financial and credit history of my company and myself.

Authorized Signature

Printed Name

Title

Date