

SUPPLIER FORM

* **NAME OF COMPANY:** _____

* **ADDRESS:** _____

* **CITY:** _____

* **AREA CODE:** _____

* **STATE:** _____

* **CONTACT:** _____

* **PHONE:** _____

FAX: _____

* **E-MAIL:** _____

* **V.A.T. NUMBER (Only for European supplier)** _____

PCC'S TERMS OF PAYMENT

75 DAYS INVOICE DATE

DESIRABLE TERMS OF PAYMENT: _____

MODE OF PAYMENT

MANDATORY BY CREDIT TRANSFERS

* **Mandatory datas**

JOIN IMPERIOUSLY WITH THIS DOCUMENT

1) YOUR BANKING IDENTITY STATEMENT

(Any request to open an account without bank account, can not be accepted)

2) OUR FORM: "CONDITIONS GENERALES D'ACHAT" SIGNED & APPROVED

(Attached & referenced: Form 162)

3) YOUR CERTIFICATIONS

(If it's applicable)

- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> ISO 9001 | <input type="checkbox"/> AS 9100 | <input type="checkbox"/> AS 9120 |
| <input type="checkbox"/> ISO 14001 | <input type="checkbox"/> OHSAS 18001 | <input type="checkbox"/> ISO 50001 |
| | <input type="checkbox"/> ENVIRONNEMENTAL POLICY | |
| <input type="checkbox"/> NADCAP : | _____ | |
| <input type="checkbox"/> OTHERS : | _____ | |