

Request for supplier account

In order to be referenced as a Sercel supplier, please complete the following information:

IDENTIFICATION

BUSINESS NAME:.....

CORPORATE HEADQUARTERS ADDRESS:

STREET NAME:..... STREET NUMBER:.....

POSTAL CODE:..... CITY:..... STATE:..... COUNTRY:.....

TELEPHONE:.....

LEGAL STATUS:.....

OFFICIAL REGISTRATION NUMBER:.....

VAT IDENTIFICATION NUMBER:.....

NAME AND TITLE OF THE LEADER:.....

PRINCIPAL ACTIVITIES:.....

TURN OVER:..... PERIOD:.....

NUMBER OF EMPLOYEES:.....

ORDERS

ORDERING ADDRESS:

STREET NAME:..... STREET NUMBER:.....

POSTAL CODE:..... CITY:..... STATE:..... COUNTRY:.....

TELEPHONE:..... MAIL:.....

SALES ASSISTANT:

NAME:..... TEL:..... MAIL:.....

OTHER CONTACT: TITLE:.....

NAME:..... TEL:..... MAIL:.....

BILLING

BILLING CURRENCY:.....
PAYMENT TERMS ACCORDING TO OUR AGREEMENTS:.....
PAYMENT ADDRESS:
STREET NAME:.....STREET NUMBER:.....
POSTAL CODE:.....CITY:.....STATE:.....COUNTRY:.....
TELEPHONE:.....MAIL:.....

QUALITY-LOGISTICS

RETURN ADDRESS:
STREET NAME:.....STREET NUMBER:.....
POSTAL CODE:.....CITY:.....STATE:.....COUNTRY:.....
TELEPHONE:.....MAIL:.....
INCOTERMS:.....
ORDER TRACKING CONTACT:
NAME:.....TEL:.....MAIL:.....
QUALITY CONTACT:
NAME:.....TEL:.....MAIL:.....
ISO CERTIFICATION OR EQUIVALENT: ISO 9001 ISO 14001 OTHERS:.....

Please attach your original bank ID and your certifications.

I certify that I have read the documents "Selling to Sercel" , "Purchasing terms and conditions" and "Ethics and independence" available on the suppliers' page of the website Sercel, and applicable to the relations between Sercel and all its suppliers.

Sign