Credit Application Form

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Title | CEO | Date business commenced | 2000-01-01 |
| Company name | Euronext Paris MB | Sole proprietorship |  |
| Phone | Fax | +33 1 70 48 24 00 | Partnership |  |
| E-mail | ceo@euronext.fr | Corporation |  |
| Registered company addressCity, State ZIP Code | 14 Place des Reflets, 92400 Courbevoie | Other |  |

# BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| City, State ZIP Code | 14 Place des Reflets, 92400 Courbevoie | Bank name: | EURONEXT |
| How long at current address? | 20 years | Primary business addressCity, State ZIP Code | 14 Place des Reflets, 92400 Courbevoie |
| Phone | +33 1 70 48 24 01 | Phone | +33 1 70 48 24 03 |
| Fax | +33 1 70 48 24 02 | Account number | 1000 |
| E-mail | credit@euronext.fr | Type of account | Savings  Checking  Other |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name | EURONEXT 2 | Phone | +33 1 70 48 25 00 |
| Address | 12 Place des Reflets | Fax | +33 1 70 48 25 01 |
| City, State ZIP Code | 92400 Courbevoie | E-mail | credit@euronext2.fr |
| Type of account | Stock Exchange | Other | - |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account | Savings  Checking  Other | Other |  |

# agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize [Company Name] to make inquiries into the banking and business/trade references that you have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title | Jean Dupont, Boss | Name and Title | Pierre Dubois, Sales |
| Date | 2020-07-07 | Date | 2020-07-07 |