

CUSTOMER REGISTRATION FORM

PLEASE FILL IN

Date _____

GENERAL INFORMATION ABOUT THE COMPANY

Company _____
 Branch _____
 Street, House No. _____
 Zip code, City _____
 Phone _____ Fax _____
 Mobile _____
 E-mail _____ Homepage _____

INVOICE ADDRESS (if different)

Street, House No. _____
 Zip code, City _____
 Cost center (if applicable) _____ Phone _____
 E-mail, electr. invoice dispatch _____

DELIVERY ADDRESS (if different)

Company _____
 Street, House No. _____
 Zip code, City _____
 Phone _____ Fax _____

COMPANY DETAILS

Legal form _____ Foundation _____
 VAT ID _____
 Managing Director _____

CONTACT

Contact person _____
 E-mail _____ Phone _____
 Contact person _____
 E-mail _____ Phone _____
 Contact person _____
 E-mail _____ Phone _____

BANK DETAILS

Credit institution/code _____
 IBAN _____
 BIC/SWIFT code _____