

Customer Registration Form



Please return the completed form to your sales contact.

Filling Advice: Handwritten form are not accepted

Business Channel Distributor Retailer Online Industry Promotional

Company

Managing Director

Legal Form

Invoice Address Country

Street

Street addition

Zip Code City

Delivery Address Same as Invoice Address Country

Name, Surname / Company

Street

Street addition

Zip Code City

VAT-Number TAX-Number

Self Insurance yes no

Contact Purchase

Name, Surname

E-Mail

Phone Number

Skype ID

Contact Finance

Attachments Vat-No. Confirmation

Date, Signature

We collect personal data (name, address, e-mail address, telephone numbers, etc.) only in the scope provided by you. The data processing serves the purpose of establishing contact and order processing. By submitting the form, you consent to the processing of the transmitted data. Processing is based on Art. 6 (1) lit. a DSGVO with your consent.

Company Stamp if available

Intern Payment Term
Creditline

Customer No.
Sales Person