

Customer registration

Billing Details:

- Compagny name *
- Surname*
- Name 2 *
- Name 3
- Road*
- ZIP* / City*
- Country *
- Internet domain

Main contact person:

- Contact person *
- contact position
- contact phone *
- mobile phone / chat
- E-mail address*

Emergency contact person:

Explanation: in case of product recall (Feedback 24h)

- Contact Person *
- E-mail address*
- mobile phone / chat*

Delivery address * (only if different):

- Name I*
- Name II *
- Road*
- Addition to address 1
- ZIP / City*
- Country *
- phone *
- Fax *
- ILN (if different from Billing)
- Delivery days * (Mo to Fr)

Shipping details * (only by truck important):

- Delivery times: * (from xx until xx)
- Ramp*: ☐ Yes ☐ No Forklift*: ☐ Yes ☐ No
- Contact Person Shipping*
- E-mail address shipping*

Finances

- Tax number
- VAT ID no.*

here you can check your number https://ec.europa.eu/taxation_customs/vies/#/vat-validation
please send a screenshot or a PDF with the confirmation. Otherwise we have to calculate the VAT

Accounting contact:

- Contact person accounting*
- Telephone *
- E-mail address * accounting*

Please send back including business registration (copy) by email, fax +4930-403753-74 or mail!

* This data is necessary for delivery

signature and stamp

date

attachment